## 2006 LIMITED LIABILITY COMPANY

## Jul 25, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M01000001599** 07-25-2006 90084 049 \*\*\*\*50.00 JAY-MAR PROPERTIES, L.L.C. Principal Place of Business Mailing Address P.O. BOX 19208 4416 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407 US ASHEVILLE, NC 28815 US 17: 2. Principal Place of Business 3. Mailing Address 512 35th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State West Palm Beach, FL 56-1918733 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired 33407 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRASKER, PAUL A ESQ Street Address (P.O. Box Number is Not Acceptable) MOYLE, FLANIGAN 625 N FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE ☐ Change ☐ Addition MLE ☐ Delete WILSON, JOHN NAME NAME STREET ADDRESS 4416 NORTH FLAGLER DRIVE STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

**FILED** 

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or prustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TILE

NAME

7-19-06