

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001626

Entity Name: JASMINE PARTNERS, LLC

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

1499 W. PALMETTO PARK RD.  
SUITE 408  
BOCA RATON, FL 33486

## New Principal Place of Business:

403 TARPON AVENUE  
SUITE 403, % CHIP COOPER  
FERNANDINA, FL 32034

## Current Mailing Address:

3130 JASMINE DR.  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 65-0904585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, WILLIAM D  
3130 JASMINE DRIVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

COOPER, CHIP ESQ.  
403 TARPON AVENUE  
SUITE 403, % CHIP COOPER, ATTN  
FERNANDINA BEACH, FL 32034 US

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.

SIGNATURE: W. DAVID BROWN

03/08/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BROWN, W. DAVID  
Address: 3130 JASMINE DR.  
City-St-Zip: DELRAY BEACH, FL 33483`

Title: MGRM ( ) Delete  
Name: BROWN, ARLENE A  
Address: 3130 JASMINE DR.  
City-St-Zip: DELRAY BEACH, FL 33483`

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: W. DAVID BROWN

MGRM

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date