2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 10, 2006 08:00 AN **DOCUMENT # M02000002198** Secretary of State 1. Entity Name JS TÓURING, LLC Principal Place of Business Mailing Address **404 FISHER LANE 404 FISHER LANE** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 07032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1941448 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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, Doctricima SIGNATURE (NOTE: Registered Agent argneture required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 9. MANAGING MEMBERS/MANAGERS TITLE DOCHTERMANN, KEVIN NAME 404 FISHER LN STREET ADDRESS CITY-ST-ZIP DELLRAY BEACH, FL 33483 U00000568768 07/10/06~80006-018 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED