## 2006 LIMITED LIABILITY COM. ANY ANNUAL REPORT

## FILED Feb 27, 2006 8:00 am Secretary of State

1. Enlity Nam JAY PEA		J374		02-07-20	006 90075 020 ****50.00	
Principel Place of Business 5020 S. CLEVELAND AVENUE FORT MYERS, FL 33907		Mailing Address <del>C/O IASPAN SCHLESINGER HOFFMAN LLP</del> 300 GARDEN CITY PLAZA  -GARDEN CITY, NY 11530		T 	Eftin kulo eftige igni jemi enemi im iere	
2. Principal Place of Business		3. Mailing Address 666 Old Country Road				
Suite, Apt. #, etc.		Suite Apt. *. etc. Suite 101		01252006 Chg-LLC	CR2E083 (11/05)	
City & State		City & State Garden City, New York		4. FEI Number 22-3616847	Applied For Not Applicable	
Zip	Country	Zip 11530	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	<u> </u>		7. Name and Address of New Re		
CORPORATION SERVICE COMPANY			Name			
1201 HAYS	S STREET SSEE; FL 32301-2525		Street Address	(P.O. Box Number is Not Acceptable)	)	
			City		FL Zip Code	
8. The above	named entity allomits this statement to	The pyrpose of changing its re	egistered office or regists	red agent, or both, in the State of Flor	1	
the obligat	ions of registered to an			1/26/	06	
	Signature, typigate partied name of registered agent	and sile approach. (NOISE	Registered Agent signature require	v www.comicrosoft)	DATE	
	lling Fee is \$50.00 ( ue by May 1, 2006				check payable to Department of State	
9.	MANAGING MEMBE		10.	ADDITIONS/	CHANGES Addition	
MAME	SCHLESIGNER, STEVEN R	Delete	MALE Keith	naging Hember H. Richman, Esq.	Change & Addition	
STREET ADDRESS CITY+ST-ZIP	GARDEN CITY PLAZA			Old Country Roa den City, NY 115	*	
TITLE NAME	MGR JASPAN, ARTHUR W	X Delete	INTE MM MODE	a Holzman ( <i>Mana</i> North Gate Drive	AING Change 14 Addition	
STREET ADDRESS CITY-ST-ZIP	300 GARDEN CITY PLAZA GARDEN CITY, NY 11530	:	3 TOP	th Hills, NY 110		
TITLE NAME		☐ Delete	TITLE NAME	11113, 141 110	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
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TITLE		☐ Delete	TITLE	•	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		. 1	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Deteit	HAME TITLE		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		-	
11. I hereby indicated limited lia	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or truste	this filing does not quality for the that my signature shall have the empowered to exclute this re-	ne exemptions contained e same legal effect as if i port as required by Char	in Chapter 119, Florida Statutes. I furmade under oath; that I am a managinter-508, Florida Statutes.	ther certify that the information ng member or manager of the	
CICMAT	"\ <i>\</i>	SUM		1/27/06		
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	IF BIGHING MANAGING MEMBER, MAHA	GER, OR AUTHORIZED REPRES	ENTATIVE Date	Daytima Phone s	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

JAY PEAK LLC 666 OLD COUNTRY RD SUITE 101 GARDEN CITY, NY 11530

Subject: JAY PEAK LLC

Reference Number

M28000000374

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION