


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 044 ***138.75

DOCUMENT # L02000029504

1. Entity Name
JACQUES CHENEVERT MGT L.L.C.



Principal Place of Business
**4000 CRYSTAL LAKE DRIVE
 SUITE 113
 DEERFIELD BEACH, FL 33064 US**

Mailing Address
**8332 NW 14TH CT
 CORAL SPRINGS, FL 33071 US**

60013357



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1222 NW 4TH AVE.
 Suite, Apt. #, etc.

03072008 Chg-LLC CR2E083 (12/06)

City & State
Font LAUDERDALE

Zip
33304 Country
USA.

4. FEI Number
03-0490536

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHENEVERT, JACQUES 4000 CRYSTAL LAKE DRIVE, SUITE 113 DEERFIELD BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME CHENEVERT, JACQUES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4000 CRYSTAL LAKE DRIVE, SUITE 113	CITY-ST-ZIP DEERFIELD BEACH, FL 33064	NAME	
TITLE MGR	NAME KAREEN, CHENEVERT <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 4000 CRYSTAL LAKE DRIVE, SUITE 113	CITY-ST-ZIP DEERFIELD BEACH, FL 33064	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **03/10/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #