
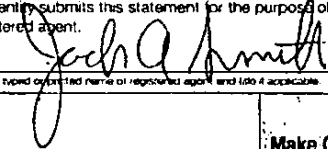
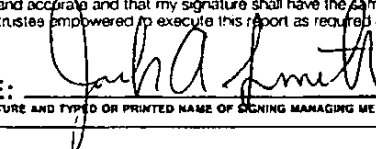


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90043 021 \*\*\*\*50.00  
 08-04-2006 90086 002 \*\*\*\*50.00

DOCUMENT # L05000082636			
1. Entity Name JAS COLONY COURT, LLC			
Principal Place of Business 4000 ISLAND BLVD., SUITE 301 AVENTURA FL 33160		Mailing Address 4000 ISLAND BLVD., SUITE 301 AVENTURA FL 33160	
2. Principal Place of Business 2875 NE. 191 ST.		3. Mailing Address 2875 NE. 191 ST	
Suite, Apt. #, etc. 402		Suite, Apt. #, etc. 402	
City & State AVENTURA		City & State AVENTURA	
Zip 33180 Country USA		Zip 33180 Country	
4. FEI Number 25-1924949		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATUS, ALAN M 4000 ISLAND BLVD., SUITE 301 AVENTURA FL 33160		7. Name and Address of New Registered Agent Name JACK A. SMITH Street Address (P.O. Box Number is Not Acceptable) 2875 NE. 191 ST SUITE 402 City AVENTURA FL Zip Code 33180	
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: 7/31/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 6, 2006</b>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATUS, ALAN M 4000 ISLAND BLVD., SUITE 301 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, JACK 4000 ISLAND BLVD., SUITE 301 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACK SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2875 NE. 191 ST. SUITE 402 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAPLAN, NANCY 19920 NE 22ND AVENUE NORTH MIAMI BEACH FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 7/31/06 Daytime Phone #: 305 9332569	