


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000082636
 1. Entity Name
JAS COLONY COURT, LLC



Principal Place of Business Mailing Address
 2875 NE 191 ST 2875 NE 191 ST
 402 402
 AVENTURA FL 33180 AVENTURA FL 33180



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent
SMITH, JACK A
2875 NE 191ST ST
STE 402
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 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: *Jack Smith* DATE: *3/27/08*

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATUS, ALAN M	
STREET ADDRESS	4000 ISLAND BLVD., SUITE 301	
CITY-STATE-ZIP	AVENTURA FL 33160	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SMITH, JACK	
STREET ADDRESS	2875 NE 191 ST STE 402	
CITY-STATE-ZIP	AVENTURA FL 33180	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KAPLAN, NANCY	
STREET ADDRESS	19920 NE 22ND AVENUE	
CITY-STATE-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000870251	
CITY-STATE-ZIP	04/09/08-80093-002 138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jack Smith* **JACK SMITH** *3/27/08* **3059332569**