


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90049 037 ****50.00

DOCUMENT # M01000002834

1. Entity Name
JAC PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business
248 WASHINGTON STREET
TOMS RIVER, NJ 08753

Mailing Address
248 WASHINGTON STREET
TOMS RIVER, NJ 08753

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
248 Washington St.
 Suite, Apt. #, etc.
PO Box 4
 City & State
Toms River
 Zip
08754
 Country
USA



07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3781659

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
EGNER, THEODORE K
3067 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITTA, JOSEPH A		NAME		
STREET ADDRESS	63 CRANMOOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER, NJ 08753		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITTA, J. PHILLIP		NAME		
STREET ADDRESS	HOOPER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER, NJ 08753		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSELLI, MARIE		NAME		
STREET ADDRESS	BROOKSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER, NJ 08753		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITTA, LILLIAN R		NAME		
STREET ADDRESS	63 CRANMOOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TOMS RIVER, NJ 08753		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITTA, ROSANNE L		NAME		
STREET ADDRESS	123 PINE STREET		STREET ADDRESS	21 Pine Street	
CITY-ST-ZIP	TOMS RIVER, NJ 08753		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CITTA, JOSEPH A JR		NAME		
STREET ADDRESS	354 ROBERTS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SEASIDE PARK, NJ 08752		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joseph A. Citta* **7/6/04** **732-349-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOSEPH A CITTA, MANAGING MEMBER