


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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 PO BOX 4 TOMS RIVER, NJ 08754
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3781659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EGNER, THEODORE K
 3067 EAST COMMERCIAL BOULEVARD
 FORT LAUDERDALE, FL 33308**

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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 resigning)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, JOSEPH A 63 CRANMOOR DRIVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSELLI, MARIE BROOKSIDE DRIVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, LILLIAN R 63 CRANMOOR DRIVE TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, ROSANNE L 21 PINE STREET TOMS RIVER, NJ 08753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, JOSEPH A JR 354 ROBERTS AVENUE SEASIDE PARK, NJ 08752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000385983
 01/18/06-80037-018 50.00

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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:  1/5/06 732-349-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ROSANNE L. CITTA, MANAGING MEMBER