

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90763 006 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

30049620



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # M01000002834</b>					
1. Entity Name <b>JAC PROPERTY MANAGEMENT, L.L.C.</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3781659</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>EGNER, THEODORE K 3067 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when missing) DATE _____					
FILE NOW WITH FEE IS \$50.00 Now Check Payable to Florida Department of State Date: 03 May 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM CITTA, JOSEPH A 63 CRANMOOR DRIVE TOMS RIVER, NJ 08763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM CITTA, LILLIAN R. 63 Cranmoor Drive Toms River NJ 08753</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM CITTA, J. PHILLIP HOOPER AVENUE TOMS RIVER, NJ 08763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM CITTA, ROSANNE L. 123 Pine Street Toms River NJ 08753</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM ROSELLI, MARIE BROOKSIDE DRIVE TOMS RIVER, NJ 08763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	<b>MGRM CITTA, JOSEPH A., JR. 354 Roberts Avenue Seaside Park, NJ 08752</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			3/28/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE <b>J. PHILLIP CITTA, MANAGING MEMBER</b>			Date Daytime Phone #		

CR2E083 (10/02)