


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90034 043 ****50.00

DOCUMENT # L05000102402	
1. Entity Name J.LLC	

Principal Place of Business C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309	Mailing Address C/O JORDAN ZIMMERMAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.A.	3. Mailing Address 2200 W. Commercial Blvd Suite, Apt. #, etc. Suite 208B City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.A.
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04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MALNIK, ALVIN I 6301 NORTH OCEAN BLVD. OCEAN RIDGE, FL 33435	
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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 Signature, typed or printed name of registered agent and title if applicable.	Jordan Zimmerman MGRM 4/10/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZIMMERMAN, JORDAN 2200 W. COMMERCIAL BLVD., SUITE 300 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jordan Zimmerman 2200 W. Commercial Blvd, Suite 208B FL. LAUDERDALE, FL 33309 <input checked="" 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
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Jordan Zimmerman, MGRM 4/10/07 Date Daytime Phone #
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