2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002621

1. Entity Name
JERO FORT PIERCE, L.L.C.

Principal Place of Business	Mailing Address
6300 N.E. 1ST AVENUE, SUITE 300 FORT LAUDERDALE, FL 33334	6300 N.E. 1ST AVENUE, SUITE 300 FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0996576
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELO, BARRY & BOLDT, P.A.
SUNTRUST CENTER, STE 850
515 EAST LAS OLAS BLVD
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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 May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ROSCHMAN, JEFFREY S
STREET ADDRESS	6300 N.E. 1ST AVENUE, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGRM
NAME	ROSCHMAN, ROBERT J
STREET ADDRESS	6300 N.E. 1ST AVENUE, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000130353
04/26/04-80114-023 50.00

DO NOT WRITE IN THIS SPACE

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: ROBERT J ROSCHMAN MANAGING MEMBER 9547767900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #