


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000013608</b> 1. Entity Name JACONA, LLC	
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Principal Place of Business 20970 C VIA OLEANDER BOCA RATON, FL 33428	Mailing Address 20970 C VIA OLEANDER BOCA RATON, FL 33428
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<b>DO NOT WRITE IN THIS SPACE</b>
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03152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1054700	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHMULIAN, JACK V 20970 C VIA OLEANDER BOCA RATON, FL 33428
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

1100000097029  
03/26/04-80021-020-50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOSNOSKI, IONA 10058 UMBERLAND PLACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHMULIAN, JACK 20970 C VIA OLEANDER BOCA RATON, FL 33428
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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:** JACK V SCHMULIAN Schmulian 3-19-2004 561 542 3974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #