

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90195 022 ****50.00

DOCUMENT # L01000006989 1. Entity Name JNC HOLDINGS, LLC					
Principal Place of Business 145 JEFFERSON AVE 435 MIAMI, FL 33139			Mailing Address 145 JEFFERSON AVE 435 MIAMI, FL 33139		
2. Principal Place of Business 5414 PINE TREE DR Suite, Apt. #, etc.		3. Mailing Address 5414 PINE TREE DR Suite, Apt. #, etc.			
City & State MIAMI BEACH Zip 33140		City & State MIAMI BEACH Zip 33140		4. FEI Number 65-1109487	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPOTE, NIBALDO J 145 JEFFERSON AVE 435 MIAMI, FL 33139				7. Name and Address of New Registered Agent Name CAPOTE, NIBALDO J. Street Address (P.O. Box Number is Not Acceptable) 5414 PINE TREE DR. City MIAMI BEACH FL Zip Code 33140	
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 <u><i>Nibaldo J. Capote</i></u> DATE <u>1/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOTE, NIBALDO J 145 JEFFERSON AVE #435 MIAMI, FL 33139	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOTE, NIBALDO J 145 JEFFERSON AVE #435 MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOTE, NIBALDO J 145 JEFFERSON AVE #435 MIAMI, FL 33139	<input type="checkbox"/> Delete			
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: <u><i>Nibaldo J. Capote</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/12/05</u> Daytime Phone # <u>305-860-3789</u>	

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