

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90499 023 \*\*\*\*50.00

**DOCUMENT # L01000015012**

1. Entity Name  
**JAKARTA VENTURES, L.C.**



Principal Place of Business  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146

Mailing Address  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146

**29034378**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**98-0353210**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR ☒ Delete  
STREET ADDRESS LIMITED VENTURES LIMITED  
CITY - ST - ZIP TRIDENT CHAMBERS WICKHAMS CT  
RD TOWN, TORTOLA BVI,

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Change ☐ Addition  
STREET ADDRESS Jakarta Ventures Limited  
CITY - ST - ZIP Trident Chambers Wickhams  
Road Town, Tortola, B.V.I.

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #