

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000589

FILED
Apr 23, 2004
Secretary of State

Entity Name: JANTECH CLEANING EQUIPMENT REPAIR, L.L.C.

Current Principal Place of Business:

2070 - G TIGERTAIL BLVD.
BLDG. NO. 2
DANIA, FL 33004 US

New Principal Place of Business:

5553 ANGLERS AVENUE
SUITES 105-108
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

2070 - G TIGERTAIL BLVD.
BLDG. NO 2
DANIA, FL 33004 US

New Mailing Address:

5553 ANGLERS AVENUE
SUITE 105-108
FORT LAUDERDALE, FL 33312 US

FEI Number: 01-0572689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEIDT, MICHAEL
4000 HOLLYWOOD BLVD., STE. 735 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FINKELSTEIN, LESLIE MS.
Address: 2070 - G TIGERTAIL BLVD. BLDG. NO. 2
City-St-Zip: DANIA, FL 33004 US

Title: MGRM () Delete
Name: FINKELSTEIN, MARK MR.
Address: 2070 -G TIGERTAIL BLVD. BLDG NO. 2
City-St-Zip: DANIA, FL 33004 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK FINKELSTEIN

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date