

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000801

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: NEW JERSEY SHORES PROPERTIES, LLC

**Current Principal Place of Business:**

400 PARQUE DRIVE, #5  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

1131 BELAIRE DR  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

400 PARQUE DRIVE, #5  
ORMOND BEACH, FL 32174

**New Mailing Address:**

1131 BELAIRE DR  
DAYTONA BEACH, FL 32118

FEI Number: 90-0067686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYARA, SIMON  
400 PARQUE DR #5  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

MYARA, SIMON  
1131 BELAIRE DR  
DAYTONA BEACH, FL 32118 US

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:

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MYARA, ALAIN  
Address: 1131 BELAIR DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM ( ) Delete  
Name: MYARA, SIMON  
Address: 1131 BELAIR DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32118

**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: ALAIN MYARA

MGRM

04/30/2005

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