## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L02000006866** 1. Entity Name 03-08-2005 90025 046 \*\*\*150.00 JEC, LLC Principal Place of Business Mailing Address 535 EAST INDIANTOWN ROAD PO BOX 3719 JUPITER, FL 33477 TEQUESTA FL 33469 20019149 2. Principal Place of Business 956 Powpano Dr 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number JupitEr 65-0304659 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Monrae BENAIN AUGUST & KULUNAS, P.A. Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH, SUITE 1100 WEST PALM BEACH, FL 33401 956 YOUPAND Dr JupitEr 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10, MGR ☐ Addition TITLE □ Defete TITLE BENAIM, MONROE N 956 POMPANO Dr NAME STREET ADDRESS 535 E. INDIANTOWN RD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP JUPITER, FL 33477 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change - Addition TITLE ☐ Delete MILE NAME NARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIF ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MIE MALE MALE STREET ADDRESS 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: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Mar 08, 2005 8:00 am