2004 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L02000011179 t. Entity Name JET LAW LLC

Principal Place of Business

SIGNATURE:

Mailing Address

2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133

2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133

FILED Feb 02, 2004 08:00 AM Secretary of State



01262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
82-0543145	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, NEAL A 2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133

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1/29/04

 The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of riorida. Tam lamiliar 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 remainting)	CATE	
Fi	iling Fee is \$50.00 ue by May 1, 2004		500000024654 U2/02/04-80076-004 50.00	
9.	MANAGING MEMBERS/MANAGERS			
IRTLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM GROSSMAN AND ROTH, P.A. 2665 SOUTH BAYSHORE DRIVE, PH-I MIAMI, FL 33133			
ITILE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not or on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to exec	uality for the exemption stated in Section 119.07(3) all have the same legal effect as if made under oath ute this report as required by Chapter 608, Florida	Florida Statutes, I further certify that the information that I am a managing member or manager of the Statutes.	

WEAL A. ROTH

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