## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

URE: NEAL A. ROTH, PE

SIGNATURE:

**FILED** Feb 17, 2005 08:00 AM
Secretary of State

DOCU  1. Entity Nar  JET LAV		179			v
Principal Place of Business  2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133  Mailing Address  2665 S. BAYSHORE DR., PENTHOUSE 1 MIAMI, FL 33133					
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DO NOT WRITE IN THIS SPACE				01312005No Chg-LLC	CR2E083 (10/03)
_				4. FEI Number 82-0543145	Applied For Not Applicable
		the second make make the place of the second	Figure 1 and	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current F	egistered Agent		ASSESSMENT OF THE PROPERTY OF	
ROTH, NEAL A 2665 S. BAYSHORE DR., PENTHOUSE 1				DO NOT WA	ITE
MIAMI, FL 33133			IN THIS SPA	CE	
	·=		, comen as a second		
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			<u> </u>		
<del></del>	Signature, typed or printed name of registered agent an	d title it applicable. (NOTE Registered	Agent signature required t	when rexistating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005					
Q. TITLE	MANAGING MEMBER	S/MANAGERS	The factor of the same of the		
NAME STREET ADDRESS	GROSSMAN AND ROTH, P.A. 2665 SOUTH BAYSHORE DRIVE,	מעו		A Programme of the Contract of	204.00
CITY-ST-ZIP	MIAMI, FL 33133	, rn-i	43.7	72/17/05-80	83)33 0029-024 50.00
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NAME STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	1	DO NOT WR	ITE
title Name				IN THIS SPA	CE
STREET ADDRESS City+St-Zip			7 17 1	·	
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CITY-ST-ZIP		· Artista	ر شن <u>ث ش</u> مرفق شد مسید	ه المستخصص الماليات الماليسيوسي المالي	
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STREET ADORESS CITY+ST-ZIP			ر را د معاورو <u>م</u>	· · · · · · · · · · · · · · · · · · ·	
	certify that the information supplied with the on this report is true and accurate and the	is filing does not qualify for the exem	ption stated in Sec	tion 119.07(3Xi), Florida Statutes. I furti	ner certify that the information
ındicated Iimited Iial	on this report is true and accurate and the pility company or the receiver or trustee e	at my signature shall have the same impowered to execute this report as i	legal effect as if ma required by Chapte	ide under oath; that I am a managing i r 608, Florida Statutes.	member or manager of the

NEAL A. ROTH, PRESIDENT

2/2/05

(305) 442-8666

Daytime Phone #