

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000013769

1. Entity Name
JT - CHELSEA ASSOCIATES, LLC



Principal Place of Business
**4330 NE 22ND AVENUE
FORT LAUDERDALE, FL 33308**

Mailing Address
**4330 NE 22ND AVENUE
FORT LAUDERDALE, FL 33308**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
68-0507694

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABARESE, THEODORE M
4330 NE 22ND AVENUE
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000593123
01/22/07-80019-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SABARESE, THEODORE M
STREET ADDRESS	4330 NE 22ND AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	AMODEO, JOHN
STREET ADDRESS	100 S. BIRCH ROAD, APT. 1401
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Theodore Sabarese

1/7/07

514 776 9221

Date

Daytime Phone #