

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017719

1. Entity Name
NEW DAWN JAX, L.L.C.



Principal Place of Business

2601 S. BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133 US

Mailing Address

2601 S. BAYSHORE DRIVE
SUITE #200
COCONUT GROVE, FL 33133 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2297962

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JACK
C/O NEW DAWN COMPANIES
2601 S. BAYSHORE DR., SUITE 200
COCONUT GROVE, FL 33133

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KAPLAN, JACK
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 200
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGR
NAME	AVILA, EDUARDO
STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 200
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80021-004 50.00

**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

Jack Kaplan

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

1-10-06

Date

305-857-0400

Daytime Phone #