

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 OCT -1 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021516

1. Entity Name  
JLR007, LLC



Principal Place of Business  
10039 TRAILWOOD CIRCLE  
JUPITER, FL 33478

Mailing Address  
10039 TRAILWOOD CIRCLE  
JUPITER, FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number **52-238247**  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARONE, THEODORE T JR. ESQ  
C/O STAMBAUGH & TARONE, P.A.  
180 ROYAL PALM WAY, SUITE 201  
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
RAICH, JOSEPH  
10039 TRAILWOOD CIRCLE  
JUPITER, FL 33478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
**600041570246**  
**10/04/04--01031--007 \*\*50.00**

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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:

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

Date

Daytime Phone #

*[Signature]*

*Theodore Tarone*  
*Authorized Representative*

*9-15-2004 (561) 832-0272*