


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90188 039 ****50.00

DOCUMENT # L02000024629 1. Entity Name JSJ AVENTURA, LLC			
Principal Place of Business C/O JOSHUA L. DUBIN, P.A. 12000 BISCAYNE BLVD., PENTHOUSE #810 MIAMI, FL 33181		Mailing Address C/O JOSHUA L. DUBIN, P.A. 12000 BISCAYNE BLVD., PENTHOUSE #810 MIAMI, FL 33181	
2. Principal Place of Business 17701 BISCAYNE BLVD		3. Mailing Address 17701 BISCAYNE BLVD	
Suite, Apt. #, etc. # 201		Suite, Apt. #, etc. # 201	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33160		Zip 33160	
Country 		Country 	
4. FEI Number 06-1649161		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSHUA L. DUBIN, P.A. 12000 BISCAYNE BLVD., PENTHOUSE #810 MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Joshua L Dubin, PA Street Address (P.O. Box Number is Not Acceptable) 17701 Biscayne Blvd # 201 City Aventura FL Zip Code 33160	
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><i>[Signature]</i></u> Pres. DATE 2/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBIN, JOSHUA L 12000 BISCAYNE BLVD., PENTHOUSE #810 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17701 BISCAYNE BLVD # 201 Aventura, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, STEVEN M 1351 95TH STREET BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAES ENTERPRISES, LTD. 5900 SAN VICENTE CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/4/04 Daytime Phone # 3059181818	

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