

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024629

1. Entity Name
JSJ AVENTURA, LLC



Principal Place of Business

**17701 BISCAYNE BLVD
201
AVENTURA, FL 33160 US**

Mailing Address

**17701 BISCAYNE BLVD
201
AVENTURA, FL 33160 US**



04182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1649161

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSHUA L. DUBIN, P.A.
17701 BISCAYNE BLVD #201
AVENTURA, FL 33160**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DUBIN, JOSHUA L
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**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000319494

04/20/05-80098-023 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

Steven M Brown **Steven M Brown** **4/18/05** **305 932-2120**