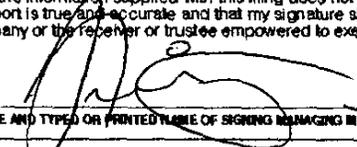


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90047 020 \*\*\*\*50.00

<b>DOCUMENT # L02000029305</b>					
1. Entity Name <b>JAC DEVELOPMENT I, LLC</b>					
Principal Place of Business <b>13136 S.W. 130TH TERRACE MIAMI, FL 33186</b>		Mailing Address <b>13136 S.W. 130TH TERRACE MIAMI, FL 33186</b>			
2. Principal Place of Business <b>13136 SW 130 Terr</b> Suite, Apt. #, etc.		3. Mailing Address <b>13136 SW 130 Terr</b> Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>16-1650862</b>	
Zip <b>33186</b>	Country <b>Dade</b>	Zip <b>33186</b>	Country <b>Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ARIAS, JUAN O 13136 S.W. 130TH TERRACE MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2003</b></p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>Manager</b>	NAME <b>JUAN O. ARIAS</b>		TITLE	NAME	
STREET ADDRESS <b>4715 SW 73 STREET</b>			STREET ADDRESS		
CITY-ST-ZIP <b>MIAMI FL 33173</b>			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<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)(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: 			NAME: <b>JUAN O. ARIAS</b>		DATE: <b>4/29/03</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		DAYTIME PHONE # <b>(305) 971-9383</b>

10103235



CHECK HERE IF MAKING CHANGES

CR2003 (10/02)