

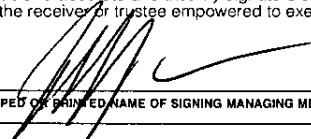


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90226 020 \*\*\*\*50.00

<b>DOCUMENT # L02000030153</b>					
<b>1. Entity Name</b> JOLC SAWGRASS, LLC					
<b>Principal Place of Business</b> 3601 N. 33RD TERRACE HOLLYWOOD, FL 33021    US			<b>Mailing Address</b> 17 SQUADRON BLVD. 301 NEW CITY, NY 10956    US		
<b>2. Principal Place of Business</b> 17 SQUADRON BLVD.			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. #301			Suite, Apt. #, etc.		
City & State NEW CITY, NY			City & State		
Zip 10956		Country USA		Zip    Country	
<b>6. Name and Address of Current Registered Agent</b>  ORLAN, PAUL 3601 N. 33RD TERRACE HOLLYWOOD, FL 33021				<b>7. Name and Address of New Registered Agent</b> Name: PAUL ORLAN Street Address (P.O. Box Number is Not Acceptable) 2793 Center Court Drive City: WESTON    FL    Zip Code: 33332	
<b>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.</b> SIGNATURE:  DATE: 3/9/04 <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		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLAN ENTERPRISES, INC. 17 SQUADRON BLVD. #301 NEW CITY, NY 10956 <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
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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
<b>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.</b>					
<b>SIGNATURE:</b>  JEFF ORLAN				Date: 3/14/04    Daytime Phone #: 845-708-0849	