


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000031424</b> 1. Entity Name J3, LLC	
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Principal Place of Business 9000 ARVIDA DRIVE CORAL GABLES, FL 33156	Mailing Address 9000 ARVIDA DRIVE CORAL GABLES, FL 33156
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<b>DO NOT WRITE IN THIS SPACE</b>
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01282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 22-3887685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WILLIAM D. SOMAN, P.A. 9000 ARVIDA DRIVE CORAL GABLES, FL 33156
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMAN, JEAN P 9000 ARVIDA DR CORAL SPRINGS, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMAN, WILLIAM D 9000 ARVIDA DR. CORAL GALBES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REITER, JILL S 5820 SW 97 ST PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOMAN, JENNIFER L 1330 W. AVE #502 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000225839 02/11/05-80056-022 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Jean P. Soman JEAN P. SOMAN MEMBER/MANAGER 02/03/05 (305) 661-7771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #