


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000032138</b> 1. Entity Name JEDAMI JET, LLC	
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Principal Place of Business 641 OCEAN BLVD GOLDEN BEACH, FL 33160	Mailing Address 641 OCEAN BLVD GOLDEN BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



02172004No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HERMAN, ROBERT M P.A.  
8751 WEST BROWARD BOULEVARD, SUITE 109  
PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

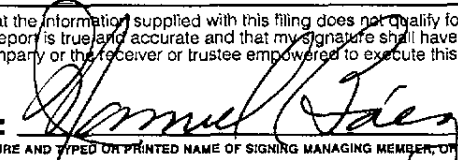
U00000074526  
03/03/04-80023-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAEZ, MANUEL TRUSTEE 641 OCEAN BOULEVARD GOLDEN BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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:**  **3/1/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #