

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90032 015 \*\*\*\*50.00

DOCUMENT # L02000032138

1. Entity Name  
JEDAMI JET, LLC



Principal Place of Business  
641 OCEAN BLVD  
GOLDEN BEACH, FL 33160

Mailing Address  
641 OCEAN BLVD  
GOLDEN BEACH, FL 33160

40070106



2. Principal Place of Business - No P.O. Box #  
16051 Collins Avenue

3. Mailing Address  
16051 Collins Avenue

Suite, Apt. #, etc.  
Apt. 504

Suite, Apt. #, etc.  
Apt. 504

04062007 Chg-LLC CR2E083 (12/06)

City & State  
Sunny Isles Beach, FL

City & State  
Sunny Isles Beach, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
33160

Country  
USA

Zip  
33160

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HERMAN, ROBERT M P.A.  
8551 WEST SUNRISE BLVD  
SUITE 102  
PLANTATION, FL 33322-4007

## 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

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, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Baez, Manuel Trustee  
STREET ADDRESS 16051 Collins Avenue, Apt. 504  
CITY-ST-ZIP Sunny Isles Beach, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Manuel Baez* Manuel Baez, Trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/07 9:57 617-7000