LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2003 8:00 am Secretary of State

	DMIFORM BOSI	ME22 KED	ORT (UBR)	Secretary of State
DOCU	JMENT # L020000	032138		03-04-2003 901 56 048 ****50.00
Jeda	ami Jet, LLC			
	DO NOT WRI	TE IN THIS	SPACE	1000 With A
2. Principal	Place of Business	3. Mailing Addres		THE STATE OF THE S
641 Ocean Boulevard Suite, Apt. #, etc.		641 Ocean		
		-Suite, Apt. #, et	to.	DO NOT WRITE IN THIS SPACE
City & State Golden Beach, Florida		City & State Golden Beach, Florida		4. FEI Number Applied For ✓ Not Applicate
Zip 33160	Country USA	Zip 33160	Country USA	5. Certificate of Status Desired -\$5.00 Additional : Fee Required
		Same Calley of the	Trimati visaja (7. Name and Address of Current Registered Agent
	DO NOT	WRITE	CARAGON MICHAEL CONTROL CONTRO	rt M. Herman, P.A.
	VIN THIS S		Street Address	(P.O. Box Number is Not Acceptable)
			A RESERVED AND THE STREET STREET, STREET STREET, STREE	Broward Boulevard, Suite 109
			^{City} Plantati	ion FL Zip Code 33324
 The above the obligation 	e named entity submits this stateme tions of registered agent.	nt for the purpose of chan	ging its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
	•			•••• '
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.		DATE
			FEE IS \$50.00	
		Mare Check	Payable to Florida Departme DUE BY MAY 1	ent of State
9.	MANAGING MEN	MBERS/MANAGERS		
TITLE *	Manuel Baez, Trustee		TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	641 Ocean Boulevard Golden Beach, FL 3316	Λ	STREET ADDRESS	
TITLE			CITY:ST::ZP	
NAME			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		بالمعطوي يبدها أراز المعبد بمأسد	ATITLES NAME	The state of the s
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TITLE			CITY-ST-ZIP	DO NOT WRITE
NAME			NAME	IN THIS SPACE
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TITLE				
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
ITTLE	·, ·, ·,		TULE SALES OF THE	
STREET ADDRESS	Settlera Windowski (m. 1905) 1908 - Paris Marie Marie Marie (m. 1905)		NAME Street address	
ITY-ST-ZIP	artify that the information		CITY-ST-ZIP	
indicated of limited liab	on this report is true and accurate a pility company or the receiver or true	vin this tiling does not quit nd that my signature shall stee empowered to export	Bity for the exemption stated in Sechave the same legal effect as if me this report as required by Object	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a managing member or manager of the er 608, Florida Statutes.
		////	o and report as required by Chapti	er ovo, riulida Statutes.
SIGNAT	URE: X/amu	el Vac		2/27/03 954-617-7000
	SIGNATURE AND TYPED OR PRINTED NAME	E OF SIGNING MANAGING MEMBE	R, MANAGER, OR AUTHORIZED REPRESEN	NTATIVE Date Daytime Phone #