



FILED
Mar 10, 2005 8:00 am
Secretary of State

01001001

DOCUMENT # L02000034666				03-10-2005 90034 033 ****50.00																									
1. Entity Name JCR HOLDINGS, LLC																													
Principal Place of Business 4450 W SUNRISE BLVD, STE 100 PLANTATION, FL 33313		Mailing Address 4450 W SUNRISE BLVD, STE 100 PLANTATION, FL 33313																											
2. Principal Place of Business 12270 SW 3 Street Suite, Apt. #, etc. Plantation, FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State																											
Zip 33325		Country Broward		01252005 Chg-LLC CR2E083 (10/03)																									
				4. FEI Number 42-1565765																									
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent VAUGHAN, CRAIG 4450 W SUNRISE BLVD, STE 100 PLANTATION, FL 33313			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
Date: 3-1-05 Daytime Phone #: (954) 792-6000																													