## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



1. Entity Name
JCR HOLDINGS, LLC

DOCUMENT #L02000934666

## FILED Sep 11, 2007 8:00 am Secretary of State 09-11-2007 90035 020 \*\*\*\*50.00

						<b>'</b>					
Principal Place of Business 12270 S W 3 STREET PLANTATION, FL 33325			Mailing Address PO BOX 559009 FT. LAUDERDALE, FL 33355				60055866				
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address	<del></del> -	<u>.                                    </u>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
oute, par in ord.						09072007	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State		4. FEI Numb			<b>—</b>	oplied For ot Applicable		
Zip	Zip Country		Zip Country		5. Certificate	e of Status Desired		\$5.00 Add			
	6. Name	and Address of Current F	egistered Agent		7. Name an	d Address of New R	ealstered				
			Name								
VAUGHAN 12270 SW SUITE 200	3 STREE	ET .	Street Address			s (P.O. Box Numb	per is Not Acceptable	9)			
PLANTATI	ON, FL 3	33325									
			City					FL	Zip Cod	е	
		ty submits this statement for stered agent	the purpose of changing its	register	ed office or regis	stered agent, or b	oth, in the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE .	Signature, typed	d or printed name of registered agent a	nd title if soplicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
		s \$50.00 mber 14, 2007					l .		payable to ment of Stat	е	
9.		MANAGING MEMBER	RS/MANAGERS	10.	<del></del>		ADDITIONS/	CHANGE	<u> </u>		
TITLE	Р	,	☐ Delete	ţπι	E	<del></del>		-	☐ Change	Addition	
NAME			NAA								
STREET ADDRESS CITY-ST-ZIP		W 3 STREET, SUITE 200 TION, FL 33325			EET ADORESS 1-ST-ZIP						
TITLE	VPST	11011,12 3020	Delete	TITL			<del></del>		☐ Change	Addition	
NAME	_	N, CRAIG		NAM							
STREET ADDRESS	12270 SW 3 STREET,SUITE 200				EE1 ADDRESS						
CITY-ST-ZIP		TION, FL 33325			Y-ST-ZIP						
TITLE NAME	VP DONNEL	LY, ROBERT	☐ Delete	TITL NAA					Change	Addition	
STREET ADDRESS	1	W 3 STREET, SUITE 200			EET ADORESS						
CITY-ST-ZIP	1	TION, FL 33325		CIT	Y-ST-ZIP						
TITLE			☐ Delete	TITL	.E				☐ Change	Addition	
NAME				NAM	ί.						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
TITLE	ļ	<del></del>	☐ Delete	TITE	.E				☐ Change	Addition	
NAME				NA							
STREET ADDRESS CITY-ST-ZIP					IEET ADDRESS Y-ST-ZIP						
TITLE			☐ Defete	TITL		<del></del>			☐ Change	Addition	
NAME	]		C Desert	NAJ	1						
STREET ADDRESS	1			STA	EET ADDRESS						
CITY-ST-ZIP		1			Y-SI-ZIP		· · · · · · · · · · · · · · · · · · ·				
11. I hereby indicated	certify that the	he information supplied with ort is true and accurate and	this filing does not qualify to that my signature shall have	or the exe	emptions contain ne legal effect as	ned in Chapter 11: if made under oa	9, Florida Statutes. I f ith; that I am a mana	urther cert	ify that the inf	ormation er of the	

limited liability company or the received or pulstee empowered to execute this report as required by Chapter 608, Florida Statutes.

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