


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90225 039 ****50.00

DOCUMENT # L03000000779	
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1. Entity Name
JZAQ, LLC

Principal Place of Business
ONE S.E. THIRD AVENUE 28TH FL
MIAMI, FL 33131

Mailing Address
ONE S.E. THIRD AVENUE 28TH FL
MIAMI, FL 33131

2. Principal Place of Business
302 Egret Lane

3. Mailing Address
302 Egret Lane



02062004 Chg-LLC CR2E083 (10/03)

City & State
Ft. Lauderdale Fl.

City & State
Ft. Lauderdale Fl.

4. FEI Number
68-0542614

Applied For
Not Applicable

Zip
33327

Country
USA

Zip
33327

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KLINGHOFFER, TEDDY
ONE S.E. THIRD AVENUE 28TH FL
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue, 28th Floor
City
Miami
FL
Zip Code
33131

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 *Nery C. Toledo, Asst. Sec.* Nery C. Toledo, Asst. Sec.

2/27/04
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gail Sgarmon* Northington Associates, Inc.
Gail Sgarmon Pres.

2-21-04 954 319-9538
Date Daytime Phone #