

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90060 017 ****50.00

DOCUMENT # L03000003845					
1. Entity Name JEM STAR, L.L.C.					
Principal Place of Business 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 US			Mailing Address 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180 US		
2. Principal Place of Business		3. Mailing Address 318 Indian Trace			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #143			
City & State		City & State Weston, FL		4. FEI Number 59-3768699	
Zip		Zip 33326		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180			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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGR PALACIO-STIEGELE, NATALIA 318 INDIAN TRACE, #143 WESTON, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Natalia Palacio</i> Natalia Palacio, Manager 4/24/04 934 8950408					