

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011252

FILED
Jan 09, 2004
Secretary of State

Entity Name: JACEN GROUP, LLC

Current Principal Place of Business:

5805 BLUE LAGOON DRIVE, SUITE 480
MIAMI, FL 33126

New Principal Place of Business:

5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126

Current Mailing Address:

5805 BLUE LAGOON DRIVE, SUITE 480
MIAMI, FL 33126

New Mailing Address:

5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126

FEI Number: 04-3753015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRER, ENRIQUE
5805 BLUE LAGOON DRIVE, SUITE 480
MIAMI, FL 33126

Name and Address of New Registered Agent:

FERRER, ENRIQUE
5805 BLUE LAGOON DRIVE, SUITE 110
MIAMI, FL 33126

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.

SIGNATURE:

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FERRER, ENRIQUE
Address: 5805 BLUE LAGOON DRIVE, SUITE 110
City-St-Zip: MIAMI, FL 33126

Title: MGRM () Change (X) Addition
Name: FERRER, JACQUELINE
Address: 5805 BLUE LAGOON DRIVE, SUITE 110
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ENRIQUE FERRER

MGRM

01/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date