


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90020 022 ****50.00

DOCUMENT # L03000015500	
1. Entity Name JSM CAPITAL, LLC	

Principal Place of Business 1499 SW 4TH COURT BOCA RATON, FL 33432	Mailing Address 1499 SW 4TH COURT BOCA RATON, FL 33432
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20001278



2. Principal Place of Business <i>SAME</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0515599	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 JEWELWICZ, DANIEL 1499 SW 4TH COURT BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>1/5/05</i>
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEWELWICZ, DANIEL 1499 SW 4TH COURT BOCA RATON, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAUGHAN, JAMES 1685 SW 4TH AVENUE BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAITOWITZ, HADLEY 9320 FOXTROT LANE BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <i>1/5/05</i>	Daytime Phone # <i>561 498-8100</i>
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