

FILED
Jun 01, 2004 8:00 am
Secretary of State

04-29-2004 90062 005 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

34007938



DOCUMENT # L03000015799			
1. Entity Name JEM HOLDINGS, LLC			
Principal Place of Business 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131		Mailing Address 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 1380 NE Miami Gardens Dr Suite, Apt. #, etc. Suite # 135 City & State Miami		3. Mailing Address Same	
Zip FL	Country 33179	Zip	Country
4. FEI Number 03032004		Chg-LLC	CR2E083 (10/03)
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICE, L.L.C. 201 SOUTH BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ZUMPAÑO PATRICIAS F WINKER Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD. City CORAL GABLES FL Zip Code 33134	
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 		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 checked="" type="checkbox"/> Addition
		MGR WILLIAMS, JASON 19346 SW 25th Ct Miami, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR FEINBLATT, ERIC N 2801 NE 183rd St H 811 Aventura, FL 33160	
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
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:		Date: 4.27.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305-949-8380	