

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90034 018 \*\*\*\*55.00

**DOCUMENT # L03000018465**



1. Entity Name

JAC, LLC

Principal Place of Business

1231 SW SUNSET TRAIL  
PALM CITY FL 34990

Mailing Address

1231 SW SUNSET TRAIL  
PALM CITY FL 34990

2. Principal Place of Business

3500 SW Corporate Parkway

3. Mailing Address

3500 SW Corporate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

54-2114089

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR. ESQ  
401 E. OSCEOLA STREET  
STUART FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM  
NAME: Sabin, Charles H.  Delete  
STREET ADDRESS: 3500 SW Corporate Parkway  
CITY-ST-ZIP: Palm City FL 34990

TITLE: MGRM  Delete  
NAME: Ejups, Aldis  
STREET ADDRESS: 3500 SW Corporate Parkway  
CITY-ST-ZIP: Palm City FL 34990

TITLE: MGRM  Delete  
NAME: Chamberlin, Jeffrey D.  
STREET ADDRESS: 3500 SW Corporate Parkway  
CITY-ST-ZIP: Palm City FL 34990

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

*Charles H. Sabin*

4-14-04

112-283-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #