

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

09-03-2004 90037 018 ****55.00

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08282004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000018495 1. Entity Name J CAVALIERI, LLC					
Principal Place of Business 8950 SONOMA LAKE BLVD BOCA RATON, FL 33434			Mailing Address 8950 SONOMA LAKE BLVD BOCA RATON, FL 33434		
2. Principal Place of Business 401 NE Mizner Blvd Suite, Apt. #, etc. T 505 City & State Boca Raton Zip 33432 Country USA		3. Mailing Address 401 NE Mizner Blvd Suite, Apt. #, etc. T 505 City & State Boca Raton Zip 33432 Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HASSON, JEAN 8950 SONOMA LAKE BLVD BOCA RATON, FL 33434	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASSON, JEAN 8950 SONOMA LAKE BLVD BOCA RATON, FL 33434	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 NE MIZNER BLVD. T 505 BOCA RATON, FL. 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: Jean Hasson JEAN HASSON 8.28.04 5613055574 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					