

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019363

Entity Name: JEM CARE REALTY, L.L.C.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE
SUITE 135
MIAMI, FL 33179

New Principal Place of Business:

1380 NE MIAMI GARDENS DRIVE
SUITE 205
MIAMI, FL 33179

Current Mailing Address:

1380 NE MIAMI GARDENS DRIVE
SUITE 135
MIAMI, FL 33179

New Mailing Address:

1380 NE MIAMI GARDENS DRIVE
SUITE 205
MIAMI, FL 33179

FEI Number: 06-1696896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JASON
1380 N.E. MIAMI GARDENS DR
135
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

WILLIAMS, JASON
1380 N.E. MIAMI GARDENS DR
205
MIAMI, FL 33179 US

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: JASON WILLIAMS

04/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILLIAMS, JASON
Address: 19346 S.W. 25TH CT
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: FEINBLATT, ERIC
Address: 2801 NE 183RD ST #811
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JASON WILLIAMS

MGRM

04/11/2005

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