


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000022208 1. Entity Name JULCAR ENTERPRISES, L.L.C.	
--	---

Principal Place of Business 829 NORTH SOUTHLAKE DRIVE C/O JULES J. COHEN HOLLYWOOD, FL 33019	Mailing Address 829 NORTH SOUTHLAKE DRIVE C/O JULES J. COHEN HOLLYWOOD, FL 33019
---	---



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0047868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., SUITE 485-SOUTH HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, JULES J 829 NORTH SOUTHLAKE DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, CAROL R 829 NORTH SOUTHLAKE DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000666043
03/23/07-80053-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jules J. Cohen Jules J. Cohen 3/12/07 954-9206652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #