2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 23, 2004 8:00 am **Secretary of State DOCUMENT # L03000022362** 01-23-2004 90122 008 ****55.00 JLF, LLC Principal Place of Business Mailing Address 10250 COLLINS AVE. PH-1 10250 COLLINS AVE. PH-1 65660047 BAL HARBOUR, FL 33154 BAL HARBOUR, FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For EIN 412114832 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINE, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 10250 COLLINS AVE. PH-1 BAL HARBOUR, FL 33154 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 L.FINE DTE: Registered Agent signature required when reinstating) 04 SIGNATURE. Signature, typed or pr Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change Addition NAME FINE, JEFFREY L NAME 10250 COLLINS AVE. PH-1 STREET ADDRESS STREET ADDRESS BAL HARBOUR, FL 33154 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TRUE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-7iP CCTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP Detete TITLE ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JEFFREYL

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

305-868-4444