
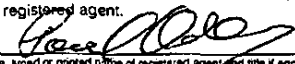
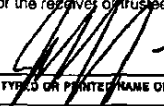


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90226 019 \*\*\*\*50.00

<b>DOCUMENT # L03000029266</b> 1. Entity Name JOLC HERON BAY, LLC					
Principal Place of Business 3601 N. 33RD TERRACE HOLLYWOOD, FL 33021 US			Mailing Address 17 SQUADRON BLVD. #301 NEW CITY, NY 10956 US		
2. Principal Place of Business 17 SQUADRON BLVD. Suite, Apt. #, etc. #301		3. Mailing Address Suite, Apt. #, etc.			
City & State New City, NY Zip 10956		City & State Country USA		4. FEI Number 75-3125738 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03042004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ORLAN, PAUL 3601 N. 33RD TERRACE HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name PAUL ORLAN Street Address (P.O. Box Number is Not Acceptable) 2793 CENTER COURT DRIVE City WESTON FL Zip Code 33332		
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 3/4/04 <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 May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLAN, JEFF 17 SQUADRON BLVD. #301 NEW CITY, NY 10956		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			DATE 3/4/04 DAYTIME PHONE # 845-708-0849		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					