

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90040 043 ****50.00

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01102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000030657 1. Entity Name J.C. & COMPANY LLC					
Principal Place of Business 7441 WAYNE AVENUE 3L MIAMI BEACH, FL 33141			Mailing Address 8951 SW 57 ST 3L COOPER CITY, FL 33328		
2. Principal Place of Business 8951 SW 57th St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Cooper City, FL		City & State			
Zip 33328		Country		Zip Country	
4. FEI Number 20-0163676				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LORENZO, NANCY 8951 SW 57TH STREET COOPER CITY, FL 33328			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOA, GLADYS 7441 WAYNE AVENUE #3L MIAMI BEACH, FL 33141 <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	MGR LORENZO, NANCY 8951 SW 57TH STREET COOPER CITY, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 2/8/05 Daytime Phone # (954) 434-6727		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					