

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90076 014 ****50.00

DOCUMENT # L03000031423

1. Entity Name
RSC-JB MANAGEMENT, LLC



Principal Place of Business
**1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1660 N.E. MIAMI GARDENS DR, STE ONE
NORTH MIAMI BEACH, FL 33179**

24061037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
73-1677018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 SOUTH BAYSHORE DR, SEVENTH FLOOR
MIAMI, FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BITTAN, AVI
STREET ADDRESS 1660 N.E. MIAMI GARDENS DR, STE ONE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE MGR ☐ Delete
NAME SOFFER, AHARON
STREET ADDRESS 1660 N.E. MIAMI GARDENS DR, STE ONE
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Autographed rep 4/27/04 301 937-1800