


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2005 90027 049 \*\*\*\*50.00

**DOCUMENT # L03000031864**

1. Entity Name  
**JANCARO PROPERTIES LLC**



Principal Place of Business  
 210 SE 12TH AVENUE  
 BOYNTON BEACH, FL 33426

Mailing Address  
 639 EAST OCEAN AVE  
 101  
 BOYNTON BEACH, FL 33435

**20049802**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0175527**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGOEY, MICHAEL J**  
**639 EAST OCEAN AVE**  
**101**  
**BOYNTON BEACH, FL 33435**

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

Filing Fee is \$50.00  
 Due by May 1, 2005

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  Delete  
 NAME **SCHERBAN, JANELLE B**  
 STREET ADDRESS **210 SE 12TH AVE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **MGRM**  Delete  
 NAME **PLOTKOWSKI, CAROL J**  
 STREET ADDRESS **210 SE 12TH AVE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **MGRM**  Delete  
 NAME **SCHERBAN, ROBERT S**  
 STREET ADDRESS **210 SE 12TH AVE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **MGRM**  Delete  
 NAME **PLOTKOWSKI, MICHAEL J**  
 STREET ADDRESS **210 SE 12TH AVE**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

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  
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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: *Michael J Plotkowski* Date: 4/25/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #