

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033675

1. Entity Name
J E MANAGEMENT CO. LLC



Principal Place of Business
**4613 N. UNIVERSITY DR.
#409
CORAL SPRING, FL 33067**

Mailing Address
**4613 N. UNIVERSITY DR.
#409
CORAL SPRING, FL 33067**



04072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2028350

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIU, JOHNNJIM
4613 N. UNIVERSITY DR.
#409
CORAL SPRING, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHIU, JOHNNJIM
7705 N.W. 120TH DRIVE
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

UN00000368458
05/31/05-80002-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #