



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90058 003 ****50.00

DOCUMENT # L03000046379 1. Entity Name JZ-KB MORTGAGE CO., LLC					
Principal Place of Business 720 PELICAN POINT COVE BOCA RATON, FL 33431 US			Mailing Address 720 PELICAN POINT COVE BOCA RATON, FL 33431 US		
2. Principal Place of Business 2200 W. Commercial Blvd Suite, Apt. #, etc. 3rd Floor City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.		3. Mailing Address 2200 W. Commercial Blvd Suite, Apt. #, etc. 3rd Floor City & State FL. LAUDERDALE, FL Zip 33309 Country U.S.		<div style="font-size: 2em; font-family: cursive;">20651598</div> 	
01132005 Chg-LLC CR2E083 (10/03)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name JORDAN ZIMMERMAN Street Address (P.O. Box Number is Not Acceptable) 2200 W. COMMERCIAL BLVD 3rd Floor City FL. LAUDERDALE FL Zip Code 33309		
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 <u>Jordan Zimmerman Member</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/19/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	MGRM ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431		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	
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: <u>Jordan Zimmerman Member 4/19/2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					