2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# L03000049783

Entity Name: J.S. COMMUNICATIONS, LLC

Current Principal Place of Business:

4846 NORTH UNIVERSITY DRIVE, SUITE #366
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4846 NORTH UNIVERSITY DRIVE, SUITE #366
FORT LAUDERDALE, FL 33351

New Mailing Address:

FEI Number: 20-0449306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, LORNA P MGRM
4846 NORTH UNIVERSITY DRIVE,
SUITE # 366
FT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	CAMPBELL, LORNA P MGRM	
Address:	4846 NORTH UNIVERSITY DRIVE, SUITE #366	
City-St-Zip:	FORT LAUDERDALE, FL 33351	
Title:	MGR	( ) Delete
Name:	CAMPBELL, DEREK C MGR	
Address:	4846 NORTH UNIVERSITY DRIVE, SUITE #366	
City-St-Zip:	FORT LAUDERDALE, FL 33351	
Title:	MGR	( ) Delete
Name:	LAMM, CHARLES	
Address:	4846 N. UNIVERSITY DRIVE, SUITE #366	
City-St-Zip:	FT LAUDERDALE, FL 33351	
Title:	MGR	( ) Delete
Name:	CAMPBELL, LORRAINE MGR	
Address:	4846 N. UNIVERSITY DRIVE, SUITE #366	
City-St-Zip:	FT LAUDERDALE, FL 33351	
Title:	MGR	( ) Delete
Name:	CONNELL, GARTH MGR	
Address:	4846 N. UNIVERSITY DRIVE, SUITE #366	
City-St-Zip:	FT LAUDERDALE, FL 33351	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORNA P. CAMPBELL MGR 05/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date