

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

May 23, 2005 8:00 am
Secretary of State

04-26-2005 90009 022 ****50.00

DOCUMENT # L04000010824

1. Entity Name
JAMACO, LLC



Principal Place of Business
**22053 STATE ROAD 7, BUILDING C
BOCA RATON FL 33431**

Mailing Address
**22053 STATE ROAD 7, BUILDING C
BOCA RATON FL 33431**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent
**SHIR, GUY ESO
BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401**

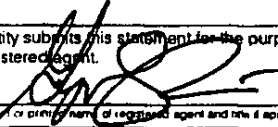
4. FEI Number
45-0534681

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name **Kahan, Shir & Ass., P.L. Guy m. Shir**
Street Address (P.O. Box Number is Not Acceptable)
1800 N.W. Corporate Blvd, Suite 103
City **Boca Raton** FL Zip Code **33421**

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 **4-20-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / TREASURER DR. ALAN G. WASSERMAN 22053 STATE ROAD 7 BOCA RATON, FLORIDA 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SECRETARY JACQUELINE F. WASSERMAN 22053 STATE ROAD 7 BOCA RATON, FLORIDA 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  **DR. ALAN G. WASSERMAN** DATE **4/20/05** DAYTIME PHONE # **561-477-9500**

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