

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019776

Entity Name: J.A.C. II,LLC

**FILED**  
**Jul 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

13456 S.W. 58TH COURT  
MIAMI, FL 33156

**New Principal Place of Business:**

9315 SW 71 AVENUE  
MIAMI, FL 33156

**Current Mailing Address:**

13456 S.W. 58TH COURT  
MIAMI, FL 33156

**New Mailing Address:**

9315 SW 71 AVENUE  
MIAMI, FL 33156

FEI Number: 20-0863333      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:**

**Name and Address of New Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASTELL, VI, JOSE JR  
Address: 13456 S.W. 58TH COURT  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CASTELL, VI, JOSE JR  
Address: 9315 SW 71 AVENUE  
City-St-Zip: MIAMI, FL 33156

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: JOSE CASTELLVI

MGR

07/11/2005

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