


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90370 026 ****50.00

DOCUMENT # L04000024494	
1. Entity Name JONTOM, LLC	

Principal Place of Business 118 SEAVIEW AVENUE PALM BEACH, FL 33480	Mailing Address 118 SEAVIEW AVENUE PALM BEACH, FL 33480
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14013175



2. Principal Place of Business		3. Mailing Address 2780 E Oakland Park Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	Zip	Country
33306		33306	U.S.A.

02102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3788838		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent D'AGOSTINO, THOMAS B 118 SEAVIEW AVENUE PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Robert L. King Street Address (P.O. Box Number is Not Acceptable) 2780 E Oakland Park Blvd City Fort Lauderdale FL Zip Code 33306	

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 Robert L. King Robert L. King 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) DATE

**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 D'AGOSTINO, THOMAS B 118 SEAVIEW AVENUE PALM BEACH, FL 33480 <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	MGRM D'AGOSTINO, ELZBIETA 118 SEAVIEW AVENUE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/05 561-651-7853
Date Daytime Phone #