

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025330

Entity Name: JSZ, LLC

FILED
Jan 27, 2006
Secretary of State

Current Principal Place of Business:

10469 GALLERIA STREET
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

CENTURY 21 TENACE REALTY, INC.
3695 BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33463

New Mailing Address:

10469 GALLERIA STREET
WELLINGTON, FL 33414

FEI Number: 20-2544878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, JOHN
10469 GALLERIA STREET
WELLINGTON, FL 33414 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/MANAGERS:

Title: MGR () Delete
Name: JAMES, JOHN
Address: 10469 GALLERIA STREET
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: LAHLOU, MARIA K
Address: 10469 GALLERIA STREET
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: BROWN, ERROL
Address: 9841 SAVANNAH ESTATES
City-St-Zip: BOYNTON BEACH, FL 33426

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN JAMES

MGR

01/27/2006

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