

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 08, 2005 8:00 am
Secretary of State

02-01-2005 90157 008 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000029555					
1. Entity Name JRS FUND, LLC					
Principal Place of Business 2501 EAST COMMERCIAL BLVD. 205 FT. LAUDERDALE FL 33308 US			Mailing Address 2501 EAST COMMERCIAL BLVD. 205 FT. LAUDERDALE FL 33308 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0867140	
				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			7. Name and Address of New Registered Agent		
KELLEY, PATRICK G ESQ. 1400 EAST BROWARD BLVD 201 FT. LAUDERDALE FL 33301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKAMORE, JOHN H III		NAME		
STREET ADDRESS	2501 E. COMMERCIAL BLVD. #205		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKAMORE, RICK N		NAME		
STREET ADDRESS	2501 E. COMMERCIAL BLVD. #205		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINES, SUSAN S		NAME		
STREET ADDRESS	2501 E. COMMERCIAL BLVD. #205		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Richard Stockamore</i></u> 1-26-05 954-4910100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>Richard N. Stockamore</u>					