

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 22, 2008 08:00 AM
Secretary of State

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



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0867140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, PATRICK G ESQ.
1400 EAST BROWARD BLVD
201
FT. LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000834936
02/29/08-80013-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STOCKAMORE, JOHN H III
STREET ADDRESS 2501 E. COMMERCIAL BLVD. #205
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE MGRM
NAME STOCKAMORE, RICK N
STREET ADDRESS 2501 E. COMMERCIAL BLVD. #205
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE MGRM
NAME HINES, SUSAN S
STREET ADDRESS 2501 E. COMMERCIAL BLVD. #205
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John H Stockamore

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

Date

Daytime Phone #

1/3/2008