

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-09-2005 90006 039 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000031854					
1. Entity Name JIN PROPERTY, LLC					
Principal Place of Business 1625 SE 8TH TERR CAPE CORAL FL 33990			Mailing Address 1625 SE 8TH TERR CAPE CORAL FL 33990		
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 56-2456107	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete	10. ADDITIONS / CHANGES		
NAME	CHIN CHO, HO		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1625 SE 8TH TERR		NAME		
CITY-ST-ZIP	CAPE CORAL FL 33990		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYON CHO, AE		NAME		
STREET ADDRESS	1625 SE 8TH TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYON CHO, AE		NAME		
STREET ADDRESS	1625 SE 8TH TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHIN CHO, HO		NAME		
STREET ADDRESS	1625 SE 8TH TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		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: _____ Date: 03/02/05 Daytime Phone # _____					