


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90297 021 \*\*\*\*55.00

**DOCUMENT # L04000043046**

1. Entity Name  
**JSR AUDIO/VIDEO DESIGNS, LLC**



Principal Place of Business      Mailing Address

**12140 59TH STREET NORTH  
LOXAHATCHEE FL 33411**      **12140 59TH STREET NORTH  
LOXAHATCHEE FL 33411**



2. Principal Place of Business      3. Mailing Address

*12140 59th Street North*      *12140 59th Street North*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/05)

City & State      City & State

*Royal Palm Beach, FL 33411*      *Royal Palm Beach, FL*

Zip      Country      Zip      Country

*33411 Palm Beach*      *33411 Palm Beach*

4. FEI Number      Applied For

**20-1218888**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALERNO, ANN MARIE**  
**12140 59TH STREET N**  
**LOXAHATCHEE FL 33411**  
*Royal Palm Beach, FL 33411*

7. Name and Address of New Registered Agent

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 *Ann Marie Salerno*      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROSEN, DAVID	
STREET ADDRESS	12140 59TH STREET N	
CITY - ST - ZIP	LOXAHATCHEE FL 33411	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SALERNO, ANN MARIE	
STREET ADDRESS	12140 59TH STREET N	
CITY - ST - ZIP	LOXAHATCHEE FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ann Marie Salerno*      3/31/06      561-790-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #