## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # L04000043824 1. Entity Name JAMSZ DEVELOPMENT COMPANY, L.L.C.



**FILED** Apr 17, 2006 08:00 AN **Secretary of State** 

Principal Place of Business 3050 S.W. 21ST STREET

MIAMI, FL 33145

Mailing Address

3050 S.W. 21ST STREET MIAMI, FL 33145



## DO NOT WRITE IN THIS SPACE

04122006 No Chg-LLC

CR2E083 (11/05)

305 585

Daytime Phone #

4. FEI Number 51-0517314

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZOLLO, RONALD F 3050 SW 21ST ST MIAMI, FL 33145

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE. Registered A		(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		Act.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOLLO, RONALD F 3050 S.W. 21ST STREET MIAMI, FL 33145		1000000212E93 1000000212E93
TITLE NAME STREET ADDRESS CITY-ST-ZIP		€	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Name of the last o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			n of <b>make</b> Medical

11. I hereby certify that the information supplied with this filling 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.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE