

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

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DOCUMENT # L04000047058					
1. Entity Name JERROLD BLAIR FAMILY MANAGEMENT COMPANY, LLC					
Principal Place of Business ATTN: LOUIS NOSTRO, ESQ. 201 S. BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131			Mailing Address ATTN: LOUIS NOSTRO, ESQ. 201 S. BISCAYNE BLVD., SUITE 1600 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 201 S. Biscayne Blvd.		3. Mailing Address 201 S. Biscayne Blvd.			
Suite, Apt. #, etc. Suite 1500 (LN)		Suite, Apt. #, etc. Suite 1500 (LN)		01092007 Chg-LLC CR2E083 (12/06)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-1302673	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOSTRO, LOUIS 728 CATALONIA AVENUE CORAL GABLES, FL 33134			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: <u>Jerrold Blair</u> DATE: <u>1/25/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIR, JERROLD 300 S POINTE DR, STE 3103 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Jerrold Blair</u> <u>MGR</u> <u>1/25/07</u> <u>305 466 5700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #</small>					