

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051041

1. Entity Name
J2SH20, LLC



Principal Place of Business
**1200 MARINE WAY UNIT BPH-1
NORTH PALM BEACH, FL 33408**

Mailing Address
**1200 MARINE WAY UNIT BPH-1
NORTH PALM BEACH, FL 33408**



05222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1600227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**APONTE, JOSEPH M JR.
1200 MARINE WAY UNIT BPH-1
NORTH PALM BEACH, FL 33408**

**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 reappointing)

5/19/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	APONTE, JOSEPH M JR.
STREET ADDRESS	1200 MARINE WAY UNIT BPH-1
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	APONTE, LAURIEN M
STREET ADDRESS	1200 MARINE WAY UNIT BPH-1
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGRM
NAME	MORALES, ALEJANDRO T
STREET ADDRESS	SIMON BOLIVAR 6371 DEPTO 303
CITY-ST-ZIP	LA REINA SANTIAGO, OC CHILE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000566109
05/25/06-80005-015 50.00

**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:

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

5/19/06 **561 626 5666**
DATE Daytime Phone #