

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90152 005 ****50.00

DOCUMENT # L04000052080

1. Entity Name
J.T. INVESTMENTS, LLC



Principal Place of Business
**1700 DEPOT AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**1700 DEPOT AVENUE
DELRAY BEACH, FL 33444**

20006247



2. Principal Place of Business

106 NW Spanish River Blvd

3. Mailing Address

P.O. Box 970176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-LLC CR2E083 (10/03)

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

56-2472448

Applied For

Not Applicable

Zip

33431

Country

Zip

33497-0176

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASS, MICHAEL R ESQ
600 S. ANDREWS AVE. 6TH FLOOR
FT. LAUDERDALE, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
NAME **Todd SHORE**
STREET ADDRESS **11777 Island Lakes Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGER** ☐ Delete
NAME **Jason YACOBellis**
STREET ADDRESS **4911 NW 13 Terrace**
CITY-ST-ZIP **Deerfield Beach, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

1/28/05

8614414480