

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055305

FILED
Feb 23, 2005
Secretary of State

Entity Name: JANE MAURICE RENDEZVOUS LLC

Current Principal Place of Business:

919 WINSTONIAN WAY STREET
JACKSONVILLE, FL 322201

New Principal Place of Business:

919 WINSTONIAN WAY STREET
JACKSONVILLE, FL 32221

Current Mailing Address:

919 WINSTONIAN WAY STREET
JACKSONVILLE, FL 322201

New Mailing Address:

919 WINSTONIAN WAY STREET
JACKSONVILLE, FL 32221

FEI Number: 20-1408972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

H. TONI CRUZ, CPA
3111 W. DR. M.L. KING, JR., BLVD.
STE 100 MB K-17
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEON, ROMA J
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGR () Delete
Name: CRUZ, JANE AKA
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM () Delete
Name: LEON, ANTONIO M
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE,

Title: MGRM () Delete
Name: KANDY, RAY AKA
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEON, ANTONIO M
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM (X) Change () Addition
Name: KANDY, RAY AKA
Address: 919 WINSTONIAN WAY STREET
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROMA J. LEON

MGRM

02/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date