

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000055305

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: JANE MAURICE RENDEZVOUS LLC

**Current Principal Place of Business:**

919 WINSTONIAN WAY STREET  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

919 WINSTONIAN WAY STREET  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 20-1408972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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, FL 32221

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

**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, CHANDA B  
Address: 14122 CRYSTAL COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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

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 LEON

MGRM

04/12/2005

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