FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90647 023 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066789

1. Entity Name
JSRS HOLDINGS, LLC

Principal Place of Business	Mailing Address
6500 POWERLINE ROAD FORT LAUDERDALE, FL 33309	6500 POWERLINE ROAD FORT LAUDERDALE, FL 33309

05122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1501 NW 12 Avenue	1501 NW 12 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach Fl	City & State: Pompano Beach Fl
Zip: 33069 Country: Broward	Zip: 33069 Country: Broward

4. FEI Number: 20-1601610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N
440 N ANDREWS AVE
FORT 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Manager/Director NAME: Joseph Sorota STREET ADDRESS: 339 Sandal Lane CITY-ST-ZIP: Palm Beach Shores Fl, 33404	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joseph Sorota Managing Member 5-12-05 954-783-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #