


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90005 018 \*\*\*\*50.00

DOCUMENT # L04000071710					
1. Entity Name <b>T-JAS. LLC</b>					
Principal Place of Business <b>485 NE 128TH ST. NORTH MIAMI FL 33161</b>			Mailing Address <b>485 NE 128TH ST. NORTH MIAMI FL 33161</b>		
2. Principal Place of Business <b>485 N.E. 128th St</b>			3. Mailing Address <b>same as above</b>		
City & State <b>Mia. Fl.</b>			City & State <b>same as above</b>		
Zip <b>33161</b>		Country <b>U.S.A.</b>		4. FEE Number <b>57-12/5572</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GRANT, PEARL 485 NE 128TH ST. NORTH MIAMI FL 33161</b>			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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>GRANT, PEARL</b> <b>485 NE 128TH ST.</b> <b>NORTH MIAMI FL 33161</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VICE President</b> <input type="checkbox"/> Delete <b>Robert V. Owens</b> <b>485 N.E. 128th St. Mia. Fl. 33161</b>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Pearl Grant</u> <b>PEARL GRANT</b> <u>07/01/05</u> <b>786-280-0408</b>					