

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079986

1. Entity Name
JACKSON STREET GROVE ASSOCIATES, LLC



Principal Place of Business

**3125 JACKSON AVENUE
MIAMI, FL 33133**

Mailing Address

**3125 JACKSON AVENUE
MIAMI, FL 33133**



03272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANTIN, MARIA T
3125 JACKSON AVENUE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 remaining)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

1100000493197
04/19/06-00033-018 \$0.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | FULTON, STANLEY M |
| STREET ADDRESS | 9034 CONGRESSIONAL PARKWAY |
| CITY-ST-ZIP | POTOMAC, MD 208544510 |
| TITLE | MGR |
| NAME | PANTIN, MARIA T |
| STREET ADDRESS | 3125 JACKSON AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Maria T. Pantin

4/2/06

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

Date

Daytime Phone #