

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


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**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90090 015 \*\*\*\*50.00

**DOCUMENT # L04000094100**

1. Entity Name  
**JAR INVESTMENT, LLC**



**30009118**

Principal Place of Business  
**6300 N.E. 1ST AVENUE  
 SUITE 300  
 FORT LAUDERDALE, FL 33334**

Mailing Address  
**6300 N.E. 1ST AVENUE  
 SUITE 300  
 FORT LAUDERDALE, FL 33334**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03122005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number: **20-2962920** Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**SADER, ROBERT L  
 1901 W. CYPRESS CREEK ROAD  
 SUITE 415  
 FORT LAUDERDALE, FL 33309**

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 May 1, 2005**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	JOHN A. ROSCHMAN REV. TRUST AGR. 12/22/83	6300 N.E. 1ST AVENUE, SUITE 300	FORT LAUDERDALE, FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: John A. Roschman, Trustee **John A. Roschman, Trustee** **Managing Member** 4/24/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #