## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Aug 09, 2005 8:00 am Secretary of State

DOCUI  1. Entity Nam  JSK INVE	# L040000941 rs, llc	106			08-09-2005	90054 023 ****5	50.00			
Principal Place 3788 COVEN BOCA RATON	ITRY LANE		Mailing Address 3788 COVENTRY LANE BOCA RATON, FL 33496					1) <b>23</b> 11 <b>3 13</b> 111 <b>2733</b> 1 (1371 <b>33</b> 713	<b>2</b> 11931 (1) (896)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07222005	Chg-LLC	CR2E083 (10/03	)	
City & State			City & State			4. FEI Numb	<u> 20 - 208</u>	5344	Applied For Not Applicable	
Zip	ip Country		Zip Couni		try	5. Certificate	e of Status Desired	□ \$5.00 A Fee Requir		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY STE 412 BOCA RATON, FL 33432					Street Address (P.O. Box Number is Not Acceptable)					
	·			c			· 	FL Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its registered						re re				
the obligations of registered agent.  SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	ling Fee I by Septer	s \$50.00 nber <sub>.</sub> 7, 2005			Make check payable to Florida Department of State					
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS	MGR KRANZ, ( 3788 CO	GARY B VENTRY LANE	☐ Delete	titli Nam Stre	l l			Change	Addition	
CITY-ST-ZIP	BOCA RATON, FL 33496				-ST-ZIP					
TITLE			☐ Delete	TITL	l l			Change	Addition	
NAME STREET ADORESS CITY-ST-ZIP		*			e Eet adoress -st-zip					
TITLE		· · ·	☐ Defete	TITL	<u> </u>		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADORESS - St-zip					
TITLE			☐ Delete	TITU				Change	Addition	
NAME				NAM	l					
STREET ADORESS CITY-ST-ZIP					ET ADORESS					
THLE			☐ Delete	TITL	-ST-ZIP			Change	☐ Addition	
NAME			C Delete	NAM				டு என்கு		
STREET ADDRESS	1			STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE			☐ Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS				NAM Stri	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
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 receivel or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										