

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007865

Entity Name: JJAN, LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

2900 GLADES CIRCLE
SUITE 250
WESTON, FL 33327

New Principal Place of Business:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327

Current Mailing Address:

2900 GLADES CIRCLE
SUITE 250
WESTON, FL 33327

New Mailing Address:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327

FEI Number: 57-1217596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANELLO PROFESSIONAL ASSOCIATION
11555 HERON BAY BOULEVARD
SUITE 200
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIEBMAN, JOEL
Address: 240 FOREST DRIVE, J
City-St-Zip: JERICO, NY 11753

Title: MGRM () Delete
Name: LIEBMAN, JENNIFER
Address: 240 FOREST DRIVE, J
City-St-Zip: JERICO, NY 11753

Title: MGRM () Delete
Name: LIEBMAN, ADAM
Address: 240 FOREST DRIVE, J
City-St-Zip: JERICO, NY 11753

Title: MGRM () Delete
Name: LIEBMAN, NICOLE
Address: 240 FOREST DRIVE, J
City-St-Zip: JERICO, NY 11753

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL LIEBMAN

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date