


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000007886 1. Entity Name JACA, LLC.		
Principal Place of Business 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131 US		Mailing Address 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131 US
2. Principal Place of Business 19950 W. Country Club Dr.		3. Mailing Address 19950 W. Country Club Dr.
Suite, Apt. #, etc. Ste. 900		Suite, Apt. #, etc. Ste. 900
City & State Aventura, FL		City & State Aventura, FL
Zip 33180	Country	Zip 33180
4. FEI Number 20-4292583		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ZAMORA, ANTONIO R 201 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CI Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE <u>6/27/2006</u>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Jacobo Cababie Daniel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____



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