2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am Secretary of State DOCUMENT # L05000023090 1. Entity Name 03-09-2006 90004 036 ****50.00 JRS PROPERTIES, LLC Principal Place of Business Mailing Address 6261-2 BAY CLUB DRIVE FT. LAUDERDALE FL 33308 6261-2 BAY CLUB DRIVE FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & Stale 4. FEI Number Applied For 30-03*05213* Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUCCI, RAPHAEL C Street Address (P.O. Box Number is Not Acceptable) 6261-2 BAY CLUB DRIVE FT. LAUDERDALE FL 33308 City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$50.00 *** Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THLE ☐ Delete TITLE Change ☐ Addition NAMÉ RUCCI, RAPHAEL C NAME STREET ADDRESS STREET ADDRESS 6261-2 BAY CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 THE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST ZIP 1111 E _C Delete TITLE Change ☐ Addition NAME NAME STREET AGDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition THILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

2-21-06 Date