

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045831

Entity Name: JAZ FLORIDA LLC

FILED
Jul 10, 2008
Secretary of State

Current Principal Place of Business:

18425 NW 2ND AVE
SUITE 350
MIAMI GARDENS, FL 33169

Current Mailing Address:

18425 NW 2ND AVE
SUITE 350
MIAMI GARDENS, FL 33169

New Principal Place of Business:

1111 PARK CENTRE BOULEVARD
SUITE 450
MIAMI GARDENS, FL 33169

New Mailing Address:

1111 PARK CENTRE BOULEVARD
SUITE 450
MIAMI GARDENS, FL 33169

FEI Number: 20-2805043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRT INVESTMENTS LLC
18425 NW 2ND AVE
SUITE 350
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

NRT INVESTMENTS LLC
1111 PARK CENTRE BOULEVARD
SUITE 450
MIAMI GARDENS, FL 33169 US

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:

07/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZYLBERBERG, JAIME
Address: 18425 NW 2ND AVE SUITE 350
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZYLBERBERG, JAIME
Address: 1111 PARK CENTRE BOULEVARD SUITE 450
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify 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: JAIME ZYLBERBERG

MGRM

07/10/2008

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