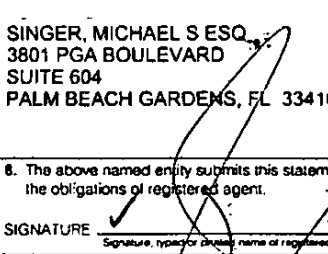
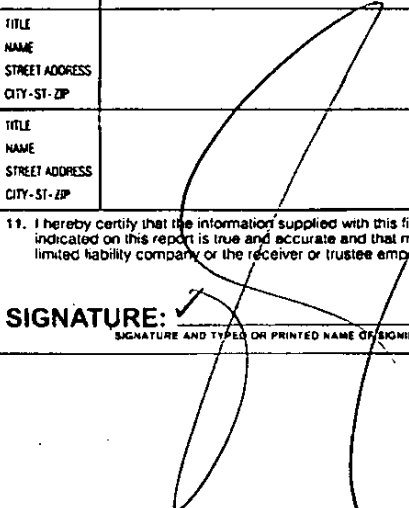


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-03-2006 90033 012 ****50.00

DOCUMENT # L05000067988			
1. Entity Name JC, LLC			
Principal Place of Business 1155 MAIN STREET SUITE 105 JUPITER, FL 33458 US		Mailing Address 1155 MAIN STREET SUITE 105 JUPITER, FL 33458 US	
2. Principal Place of Business 500 University Dr Suite, Apt. #, etc #211		3. Mailing Address 500 University Dr Suite, Apt. #, etc #211	
City & State JUPITER, FL		City & State JUPITER, FL	
Zip 33458		Country	
4. FEI Number 20-3131584		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ. 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE:  DATE: 6/2/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JOSHUA 4455 MAIN STREET, SUITE 105 JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 University Dr #211 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date: 6/2/06 Daytime Phone: 561-7750280	

30009634



04282006 Chg-LLC CR2E083 (11/05)