

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080460

Entity Name: JAS 863 LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

605 LINCOLN ROAD
SUITE 240
MIAMI BEACH, FL 33139

New Principal Place of Business:

1701 PURDY AVE
SUITE 103
MIAMI BEACH, FL 33139

Current Mailing Address:

605 LINCOLN ROAD
SUITE 240
MIAMI BEACH, FL 33139

New Mailing Address:

1701 PURDY AVE
SUITE 103
MIAMI BEACH, FL 33139

FEI Number: 20-3787334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIFFANY, SUSAN
407 LINCOLN ROAD
SUITE 2A
MIAMI BEACH, FL 33139 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: PIROSO, JOSEPH
Address: 605 LINCOLN RD, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: TIFFANY, SUSAN
Address: 605 LINCOLN RD, SUITE 240
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIROSO, JOSEPH
Address: 1701 PURDY AVE #103
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: TIFFANY, SUSAN
Address: 1701 PURDY AVE #103
City-St-Zip: MIAMI BEACH, FL 33139

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: JOSEPH PIROSO

MGRM

04/06/2007

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