

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000082636**



1. Entity Name

JAS COLONY COURT, LLC

Principal Place of Business

2875 NE 191 ST  
402  
AVENTURA FL 33180

Mailing Address

2875 NE 191 ST  
402  
AVENTURA FL 33180

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-1924949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

SMITH, JACK A  
2875 NE 191ST ST  
STE 402  
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME MATUS, ALAN M  
STREET ADDRESS 4000 ISLAND BLVD., SUITE 301  
CITY-STATE-ZIP AVENTURA FL 33160

TITLE MGRM ☐ Delete  
NAME SMITH, JACK  
STREET ADDRESS 2875 NE 191 ST STE 402  
CITY-STATE-ZIP AVENTURA FL 33180

TITLE MGRM ☐ Delete  
NAME KAPLAN, NANCY  
STREET ADDRESS 19920 NE 22ND AVENUE  
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000607350  
CITY-STATE-ZIP 01/31/07-80058-017 50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME

*Jack A Smith*

*1-25-07*