

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000103339

1. Entity Name
JAK ORLANDO PROJECT, LLC



Principal Place of Business
**301 YAMATO ROAD
SUITE 2100
BOCA RATON, FL 33431**

Mailing Address
**301 YAMATO ROAD
SUITE 2100
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



04072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
14-1403742

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SELIGSOHN, MICHAEL S
301 YAMATO RD STE 2100
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KLOTZ, JAMES A
201 YAMATO RD STE 2100
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000898185
04/25/08-80076-018 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

JAMES A. KLOTZ

4/11/08

Date

561-368-5284

Daytime Phone #