2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# L05000107971

Entity Name: JCI ASSOCIATES, LLC

Current Principal Place of Business:

9000 SHERIDAN STREET, SUITE 132
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9000 SHERIDAN STREET, SUITE 136
PEMBROKE PINES, FL 33024

Current Mailing Address:

9000 SHERIDAN STREET, SUITE 132
PEMBROKE PINES, FL 33024

New Mailing Address:

9000 SHERIDAN STREET, SUITE 136
PEMBROKE PINES, FL 33024

FEI Number: 20-4712809 **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:

DEUTSCH, STEVEN W ESQ.
% FRANK, WEINBERG & BLACK, P.L.
7805 SW 6TH COURT
PLANTATION, FL 33324 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: CRUZ, CLEMENTE E JR.
Address: 9000 SHERIDAN STREET, SUITE 132
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CRUZ, CLEMENTE E JR.
Address: 9000 SHERIDAN STREET, SUITE 136
City-St-Zip: PEMBROKE PINES, FL 33024

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: CLEMENTE E. CRUZ MGRM 07/10/2006

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