


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

04-24-2007 90107 042 ****50.00

DOCUMENT # L06000030135			
1. Entity Name COOL JANE, LLC			
Principal Place of Business 1065 N.E. 125TH STREET, SUITE 405 NORTH MIAMI FL 33161		Mailing Address 1065 N.E. 125TH STREET, SUITE 405 NORTH MIAMI FL 33161	
2. Principal Place of Business - No P.O. Box # 14760 Biscayne Blvd. Suite, Apt. #, etc.		3. Mailing Address 14760 Biscayne Blvd. Suite, Apt. #, etc.	
City & State N. Miami Beach, FL		City & State N. Miami Beach, FL	
Zip 33181		Zip 33181	
Country USA		Country USA	
4. FEI Number 204 829 906		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY J 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM Steven Schatzberg 3700 Island Blvd #104 Aventura, FL 33160			
MGRM Jean Schatzberg 3700 Island Blvd. #104 Aventura, FL 33160			
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 808, Florida Statutes.			
SIGNATURE: <u>Steven Schatzberg</u>		Date: <u>4-14-07</u> (305-949-6180)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			