


FILED
Aug 20, 2007 8:00 am
Secretary of State

05-14-2007 90363 026 ****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000033800			
1. Entity Name JTHAL4SEN, LLC			
Principal Place of Business 33 S.E. 4TH STREET, SUITE 100 BOCA RATON, FL 33432		Mailing Address 33 S.E. 4TH STREET, SUITE 100 BOCA RATON, FL 33432	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OSBORNE, R. BRADY JR 798 SOUTH FEDERAL HIGHWAY, SUITE 100 BOCA RATON, FL 33432		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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING Member Jeffrey T. Halvorsen 33 SE 4th St, Ste 100 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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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	
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: <u>Jeffrey T. Halvorsen</u>		Date: <u>7/19/07</u> Daytime Phone: <u>561-367-9200</u>	



ATTACHMENT
30012447

July 19, 2007

Division of Corporations
PO Box 6478
Tallahassee, Florida 32314

RE: Document #L06000033800
JTHAL4SEN, LLC

Per our telephone conversation today please find enclosed the Annual Report application which was previously sent it with the check for \$55.00. I am enclosing this form with the corrections that had to be made to it. Please note that the payment has already been received by you.

Please forward a Certificate of Status upon completion of filing this corrected form.

Please call me if you have any questions in this regard. Thank you for your cooperation.

Sincerely,

Cheryl Burtlen
Office Manager

Enclosure as noted