

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90039 034 ***138.75

DOCUMENT # L06000035893					
1. Entity Name JAC OKEECHOBEE PROPERTIES, L.C.					
Principal Place of Business 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145			Mailing Address 4960 SW 72ND AVE., #209 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 4960 SW 72nd Ave.		3. Mailing Address same			
Suite, Apt. #, etc. #209		Suite, Apt. #, etc. same			
City & State Miami, FL		City & State same			
Zip 33155		Country USA		4. FEI Number 26-1409613	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required		6. Name and Address of Current Registered Agent KLEIN, BRENT D 701 BRICKELL AVENUE, SUITE 1900 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 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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARMAS, JOSE 4960 SW 72 AVE. #209 MIAMI, FL 33155		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					