


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90172 045 \*\*\*138.75

<b>DOCUMENT # L06000038639</b>	
1. Entity Name JSR ASSOCIATES LLC	

Principal Place of Business 9312 NW 18TH STREET FT LAUDERDALE, FL 33322-5232	Mailing Address 9312 NW 18TH STREET FT LAUDERDALE, FL 33322-5232
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00063400



**DO NOT WRITE IN THIS SPACE**

03062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1275104	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ROSEBOROUGH, JOHN C  
 9312 NW 18TH STREET  
 FT LAUDERDALE, FL 33322-5232

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	MGR ROSEBOROUGH, JOHN C 9312 NW 18TH STREET FT LAUDERDALE, FL 333225232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEBOROUGH, SYDNA A 9312 NW 18TH STREET FT LAUDERDALE, FL 333225232
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**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:** *John Roseborough* **John Roseborough** 4/15/08 954-472-8233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #