## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 17, 2007 8:00 am Secretary of State

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DOCUMENT # L06000051548  1. Entity Name JC ASSET MANAGEMENT LLC						01-17-200°	_		
Principal Plac	e of Rusiness	Mailing Address			İ				
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151 LOS PINOS COURT 151 LOS PINOS COURT									
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2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-LLC	CR2F	083 (12/06)	
City & State		City & State		4. FEI Numb	er L 1 / M		Ar	oplied For	
		l				N/A		<b>K</b> Nk	ot Applicable
Zip	Country	Zíp	Country			-404-4 - D14		\$5.00 Add	titional
		1			5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent		· · · ·	7. Name and	Address of New	Registered	Agent	
			Nan	10			<del>- 7</del> .	-	
PINILLA, J	IUAN CARLOS								
	PINOS COURT		Stre	et Address (	P.O. Box Numb	er is Not Acceptab	ile)		
	ABLES, FL 33143								
			0:5					1 7:0:4	
			City				FL	Zip Cod	е
8. The above	named entity submits this statement for	the purpose of changing its r	eaistered offic	e or register	ed agent, or bo	th. in the State of F	lorida Lam	familiar with	and accept
the obligat	tions of registered agent.		- <b>G</b>	<del></del>	<b>g</b> ,				
_	10.								
SIGNATURE .									
	Company or based or advant arms of a pictured arms.	and the Manager Assets (AMYTT)	Decision and the second						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent a	ignature required	when reinstating)		DATE		
		and title if applicable. (NOTE:	Registered Agent s	ignature required	when reinstating)				
· Fi	lling Fee is \$50.00	and title if epolicable. (NOTE:	Registered Agent a	ignature required	whon reinstating)		ike check į		
· Fi		and title if applicable. (NOTE:	Registered Agent a	ignature required	when reinstating)		ike check į	payable to nent of State	9
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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 receiptr or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(305) 946217