

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 048 ****50.00

DOCUMENT # L06000073484 1. Entity Name JANMARK HOLDINGS LIMITED COMPANY																											
Principal Place of Business ONE LINCOLN PLACE, SUITE 401 1900 GLADES RD. BOCA RATON, FL 33431		Mailing Address ONE LINCOLN PLACE, SUITE 401 1900 GLADES RD. BOCA RATON, FL 33431																									
2. Principal Place of Business - No P.O. Box # 398 CAMINO GARDENS BLVD. Suite, Apt. #, etc. SUITE 104 City & State BOCA RATON, FL Zip 33432		3. Mailing Address 398 CAMINO GARDENS BLVD. Suite, Apt. #, etc. SUITE 104 City & State BOCA RATON, FL Zip 33432																									
4. FEI Number 10-1781315		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04102007 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent W. RODGERS MOORE, P.A. ONE LINCOLN PLACE, SUITE 401 1900 GLADES RD. BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name REALCAP ASSOCIATES, LLC Street Address (P.O. Box Number is Not Acceptable) 398 CAMINO GARDENS BLVD. SUITE 104 City BOCA RATON FL Zip Code 33432																									
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/10/07																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JAROSZEWICZ, JAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SUITE 401, ONE LINCOLN PLACE, 1900 GLADES RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	JAROSZEWICZ, JAN		STREET ADDRESS	SUITE 401, ONE LINCOLN PLACE, 1900 GLADES RD		CITY- ST- ZIP	BOCA RATON, FL 33431		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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:		DATE: 4/10/07																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 561-362-4040																									