08/19/2008 14:13 2488559927 WILNER PAGE 01/01

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/3/2008-90045-010-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 25 PM 3:48

DOCUMENT # L07000056283

1. Entity Name
JAY SCOTT L.L.C.

Principal Place of Business	Mailing Address
31075 (PEAS) RIDGE FARMINGTON HILLS MI 48334	31075 (PEAS) RIDGE FARMINGTON HILLS MI 48334

2nd MOORE CR2E083 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
31075 PEAR RIDGE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FARMINGTON HILLS, Mi	City & State
Zip: 48334 Country: OAKLAND	Zip Country

4. FEI Number: 38-3525206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, GARY 4931 NW 58TH TERRACE CORAL SPRINGS FL 33067	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

[illegible]

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is $138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WILNER, JAY S	NAME	
STREET ADDRESS	31075 (PEAS) RIDGE	STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS MI 48334	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILNER, JAY S.	NAME	
STREET ADDRESS	31075 PEAR RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON HILLS, Mi 48334	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X [signature] 9-18-08 248-855-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SHERWIN WILNER
MGR. JAY SCOTT, LLC