2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2009
Secretary of State

DOCUMENT# L07000115904

Entity Name: JAY NEW YORK 1818, L.L.C.

Current Principal Place of Business:

2875 N.E. 191 STREET, SUITE 801
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2875 N.E. 191 STREET, SUITE 801
801
AVENTURA, FL 33180

New Mailing Address:

600 THREE ISLANDS BLVD APT 1605
1605
HALLANANDALE BEACH, FL 33009

FEI Number: 83-0500442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SANCHEZ, ALEXANDRA J
2875 N.E. 191 STREET, SUITE 801
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

HARKATZ, DANIEL L
600 THREE ISLANDS BLVD APT 1605
1605
HALLANDALE BEACH, FL 33009 US

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.

SIGNATURE: DANIEL HARKATZ 07/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEVY, MAURICIO
Address: 2875 N.E. 191 STREET, SUITE 801
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEVY, MAURICIO
Address: 600 THREE ISLANDS BLVD APT 1605
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAURICIO LEVY MGRM 07/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date