


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000126119					
1. Entity Name JT LOOS HOLDINGS, LLC					
Principal Place of Business 1815 CORDOVA RD STE 210 FT LAUDERDALE, FL 33316			Mailing Address 1815 CORDOVA RD STE 210 FT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AURELIUS, JOHN E 4367 N FEDERAL HWY STE 101 FT LAUDERDALE, FL 33308			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOOS, JOHN T JR		NAME		
STREET ADDRESS	1815 CORDOVA RD - STE 210		STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 33316		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 stated 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 T. Loos* **MANAGER** 4/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #