File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

| FILING FEE Annual Paner \$100.00 , \$99.75 Correction Cumplemental Fee | | | | | | | | | 30 DAK -9 PH 12: 38 | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|------------------------------------------------------------|-------------------------|--------------------|-------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------|---------------------|-------------|-------------------------------|----------------|--|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | | | | | |
| | | | | | | | | xx 3/10 | | | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9500000357 | | | | | | | | | | | | | |
| JCS PROPERTIES, L.C. 777 BAYSHORE DRIVE, # 1703 FT. LAUDERDALE FL 33304 | | | | | | | | 1a. Principal Place of Business Address 777 BAYSHORE DRIVE, # 1703 FT. LAUDERDALE FL 33304 | | | | | |
| 2. Principal Place of Business 2a, Mail | | | | ling Address | | | | 3. Date Organized or Qualified | | | 3a. State of Fo | rmation | |
| Suite, Apt. #, etc. S | | | | Sulte, Apt. #, etc. | | | | 05/11/1995 4. FEI Number | | | FL | | |
| A14 - 0 Ct. | 12 - | | City 8 S | | | | | . | | | | Applied For | |
| City & State C | | | | City & State | | | | 65-0724701 Not A | | | Not Applicable | | |
| Zip | _ | Country | Zip | Zip Country | | | | 5. Date of Last Report 6. | | | 6. Certificate of | Status Desired | |
| • | ļ | | , | | | . , | | 02 | /24/1 | 007 | SB 75 Additional I | ce Required | |
| | 7. Name | and Address of (| Current Registered | Agent | | <u> </u> | . 8. Na | | | | tered Agent/Offic | :e | |
| | | | | | | Name | , | | | | | | |
| STEIN, JACK C 777 BAYSHORE DRIVE, # 1703 FT. LAUDERDALE FL 33304 | | | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | | | | |
| | | | | | City | | | | Zip Code | | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | DATE | | | | |
| | · | IOTE Register | IOTE Registered Agent algorature required when reinstating | | | | | | · | <u> </u> | | | |
| 10. Title | Managing Members/Managers | | | Business Street Address | | | | | | City, | State and Zip Co | de | |
| MGRM | RM STEIN, JACK C | | | | 777 BAYSHORE DRIVE | | | | 1703 | FT. L | AUDERDAL | E FL | |
| MEM | JACK C. STEIN DECLAR, | | | | 777 BAYSHORE DRIVE | | | | 1703 | FT. L | UDERDAL | E FL | |
| | | | | | | | | | 50 | -83/12 | 45465 1/980100 88.75 ** | 5023 | |
| i | | | 100 | | | -, | | | | | | | |

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Daytime Phone #