

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/7/2005-90098-033-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L96000000442 1. Entity Name JERRY GREENBLATT ASSOCIATES, L.C.					
Principal Place of Business 7412 EATON COURT UNIVERSITY PARK, FL 34201			Mailing Address 7412 EATON COURT UNIVERSITY PARK, FL 34201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06282005 Chg-LLC CF2E083 (10/03)	
4. FEI Number 65-0670831				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent JENNIFER SUSAN B 200 SO. ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name HECKER, SUSAN B Street Address (P.O. Box Number is Not Acceptable) 200 SO. ORANGE AVENUE City SARASOTA FL Zip Code 34236		
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 (Required) (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBLATT, JERRY 7412 EATON COURT UNIVERSITY PARK, FL 34201 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JUNE 28, 2005 - (911) 359-8835		