


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000802</b>		
1. Entity Name <b>JACO COMPANY, L.C. OF SOUTH FLORIDA</b>		

Principal Place of Business <b>6811 RIVIERA DRIVE CORAL GABLES FL 33146</b>	Mailing Address <b>6811 RIVIERA DRIVE CORAL GABLES FL 33146</b>
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2. Principal Place of Business <b>6811 RIVIERA DR</b>	3. Mailing Address <b>6811 RIVIERA DR #2</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E083 (5/05)

City & State <b>CORAL GABLES FL</b>	City & State <b>FL</b>
Zip <b>33146</b>	Country <b>USA</b>

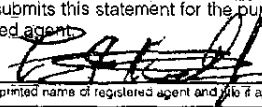

4. FEI Number <b>65-0881988</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HINDS, LEONARD F JR 6811 RIVIERA DRIVE CORAL GABLES FL 33146</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

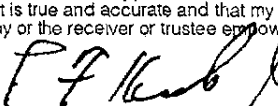
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 

<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 7, 2005</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINDS, LEONARD F JR 6811 RIVIERA DRIVE CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  000000377366 08/29/05-80006-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  8-15-05 505654436