

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000008860 1. Entity Name ISAAK, JASON ASSOCIATES, LLC	
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Principal Place of Business 306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602	Mailing Address 306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

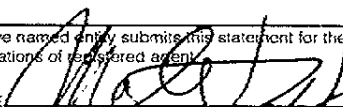


04062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0169957	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ISAAK, MALK 306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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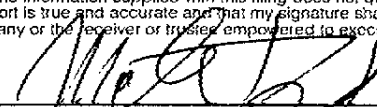
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  MALKA ISAAK	04/15/04
Signature, typed or printed name of registered agent and title if applicable	DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000120930
04/20/04-80028-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISAAK, MALK 306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  MALKA ISAAK	04/15/04 813 229-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #