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

Principal Place of Business	Mailing Address
306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602	306 EAST TYLER STREET, SUITE 300 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

04062004 No 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

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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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000120930
04/20/04-80028-020 50.00

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

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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 #