
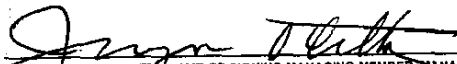


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90049 037 \*\*\*\*50.00

<b>DOCUMENT # M01000002834</b> 1. Entity Name <b>JAC PROPERTY MANAGEMENT, L.L.C.</b>					
Principal Place of Business <b>248 WASHINGTON STREET TOMS RIVER, NJ 08753</b>			Mailing Address <b>248 WASHINGTON STREET TOMS RIVER, NJ 08753</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>248 Washington St.</b>  <b>PO Box 4</b> City & State <b>Toms River</b>  Zip <b>08754</b>		Country <b>USA</b>	
City & State		City & State <b>Toms River</b>		4. FEI Number <b>22-3781659</b>	
Zip <b>08754</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EGNER, THEODORE K 3067 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, JOSEPH A 63 CRANMOOR DRIVE TOMS RIVER, NJ 08753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, J. PHILLIP HOOPER AVENUE TOMS RIVER, NJ 08753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSELLI, MARIE BROOKSIDE DRIVE TOMS RIVER, NJ 08753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, LILLIAN R 63 CRANMOOR DRIVE TOMS RIVER, NJ 08753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, ROSANNE L 123 PINE STREET TOMS RIVER, NJ 08753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>21 Pine Street</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITTA, JOSEPH A JR 354 ROBERTS AVENUE SEASIDE PARK, NJ 08752	<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)(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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>7/6/04 732-349-1600</b> <small>Date Daytime Phone #</small>		
<b>JOSEPH A. CITTA, MANAGING MEMBER</b>					