

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90536 040 ****50.00

DOCUMENT # M01000002834

1. Entity Name

JAC PROPERTY MANAGEMENT, L.L.C.



Principal Place of Business

248 WASHINGTON STREET
TOMS RIVER NJ 08753

Mailing Address

248 WASHINGTON STREET
PO BOX 4
TOMS RIVER NJ 08754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

22-3781659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGNER, THEODORE K
3067 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CITTA, JOSEPH A
STREET ADDRESS 63 CRANMOOR DRIVE
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME CITTA, J. PHILLIP
STREET ADDRESS HOOPER AVENUE
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME ROSELLI, MARIE
STREET ADDRESS BROOKSIDE DRIVE
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CITTA, LILLIAN R
STREET ADDRESS 63 CRANMOOR DRIVE
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CITTA, ROSANNE L
STREET ADDRESS 21 PINE STREET
CITY-ST-ZIP TOMS RIVER NJ 08753

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CITTA, JOSEPH A JR
STREET ADDRESS 354 ROBERTS AVENUE
CITY-ST-ZIP SEASIDE PARK NJ 08752

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/05

732-349-1600