2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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

01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CITTA, JOSEPH A
STREET ADDRESS	63 CRANMOOR DRIVE
CITY-ST-ZIP	TOMS RIVER, NJ 08753
TITLE	MGRM
NAME	ROSELLI, MARIE
STREET ADDRESS	BROOKSIDE DRIVE
CITY-ST-ZIP	TOMS RIVER, NJ 08753
TITLE	MGRM
NAME	CITTA, LILLIAN R
STREET ADDRESS	63 CRANMOOR DRIVE
CITY-ST-ZIP	TOMS RIVER, NJ 08753
TITLE	MGRM
NAME	CITTA, ROSANNE L
STREET ADDRESS	21 PINE STREET
CITY-ST-ZIP	TOMS RIVER, NJ 08753
TITLE	MGRM
NAME	CITTA, JOSEPH A JR
STREET ADDRESS	354 ROBERTS AVENUE
CITY-ST-ZIP	SEASIDE PARK, NJ 08752
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000385983
01/18/06-80037-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rosanne L Citta 1/5/06 732-349-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ROSANNE L. CITTA, MANAGING MEMBER