FILE NOW: Fee after May 1, will be \$588.75 LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



	1997	- TE	Sec DIVISION	cretary of OF CORF	State PORATIONS			5 AM 9:55	
FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
 Name and Ma of Limited Liab 	iling Address oility Company DOCI	UMENT	₩ 950	00000	118				
JAT, L.L.C., L.C.						1a. Principal Place of Business Address			
131 SOUTH 8TH STREET, SUITE 10							131 SOUTH 8TH STREET, SUITE 1 DONNA TX 78537		
If above mailing at	ddrøss is incorrect in any way, line the		t information a	ind enter con	ection in Block 2a.	3. Date Organia	and or Ouglified	3a. State of Formation	
Same			ming Address						
			e, Apt. #, etc.			4. FEI Number		TX Applied For	
City & State Cit			/ & State			65-0580459 Not Applicable			
								6. Certificate of Status Desired	
Z ip	Country	Zip		Count	у 	09/26/19	·	S8 75 Additional Fee Ri quered	
7.	Name and Address of Curre	nt Registered	Agent		Name	8. Name and Ad	dress of New Re	gistered Agent	
9. Pursuant to thits registered office	e or registered agent, or both, in int, and accept the obligations.	the State of Flo	rida. Such ch	ange was a	uthorized by affirm	d liability company ative vote of a major		Zip Code ment for the purpose of changing s. I hereby accept the appointment	
(Registered Agent Accepting Appointment) (N 10. Title Managing Members/Managers			HOTE: Registered Agent signature required when reinstating Business Street Address			City, State and Zip Code			
IGRM WO,	HWOK "TONY" F		430 W		MERCIAL	BLVD.	LAUDERH	ILL FL	
11 Ido herahyeo	tify that the information supplied	with this filing o	loes not quelli	fy for the ev		ection 118 07/31 (i)	Fiorida Statutes	May 5/5/97 Ifurther certify that the Information	

indicated on this annual 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 lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIG	ŇΑΤ	URE:
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4/29/97

(210)982-1888

Daytime Phone #