


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # 196000000150			
J.A.R. OF VIRGINIA, L.L.C. 2101 PARKS AVENUE, SUITE 600 VIRGINIA BEACH FL		1a. Principal Place of Business Address 2101 PARKS AVENUE, SUITE 600 VIRGINIA BEACH FL			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/01/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		54-1794622	
Country		Country		3a. State of Formation	
				VA	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
SHOTSTALL, WILLIAM C JR. 328 SQUIRE DRIVE WELLINGTON FL 33414			Name <i>Thyllis Weissberger</i> Street Address (P.O. Box Number is Not Acceptable) <i>2247 Palm Beach Lakes Blvd</i> Suite, Apt. #, etc. <i>Suite 217</i> City <i>West Palm Beach FL</i>		
			900002148339--2 -04/18/97--01115--017 ****203 Zip Code ****203.75		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>[Signature]</i>			DATE <i>4/14/97</i>		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	JAAP, JOE	1027 GATES AVENUE		NORFOLK VA	
MGRM	FINE, MORRIS H	2101 PARKS AVENUE, SUITE 6		VIRGINIA BEACH VA	
MGRM	FINE, ANDREW S	2101 PARKS AVENUE, SUITE 6		VIRGINIA BEACH VA	
MGRM	WALDMAN, JIM	1009 WOODWIND WAY		CHESAPEAKE VA	
MGRM	NAPIER, DENNIS W	2101 PARKS AVENUE, SUITE 6		VIRGINIA BEACH VA	
<i>[Signature]</i>					
11. I do 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 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 liability 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: <i>[Signature]</i>		Date <i>4/8/97</i>		Daytime Phone # <i>757-519-9500</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					