


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90423 046 \*\*\*\*50.00

**DOCUMENT # L01000010031**

1. Entity Name  
**JADENO DEVELOPERS L.L.C.**



Principal Place of Business      Mailing Address  
**7225 N.W. 25TH STREET SUITE #201**      **PO BOX 227818**  
**MIAMI FL 33122**      **MIAMI FL 33122-7818**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1117369**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent

**ANGULO, ANA MARIA**  
**2151 S. LEJEUNE ROAD #310**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**ANGULO, ANA MARIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**5975 Sunset Drive Suite 503**  
City      State      Zip Code  
**South Miami      FL      33143**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASAL GROUP, INC 7225 NW 25TH STREET, STE 201 MIAMI FL 33122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPEELER, NOIRA 2930 SW 79 CT MIAMI FL 33155 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'ELIO ENTERPRISES, INC 7800 SW 57 AVE, STE 207-C MIAMI FL 33143 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CIMA OVERSEAS CORPORATION 821 CYPRESS BLVD., SUITE 501 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** \_\_\_\_\_ DATE: **MARCH 19, 04** DAYTIME PHONE #: **(305) 234 3377**

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

64051000



MOORE CR2E083 (11/03)