2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

11. I hereby certify that the information indicated on this report is limited liability company of

SIGNATURE:

and

Feb 25, 2005 08:00 AM Secretary of State 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 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 65-1117369 Not Applicable Zip Country Zlp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGULO, ANA MARIA Street Address (P.O. Box Number is Not Acceptable) 5975 SUNSET DRIVE STE 503 **MIAMI FL 33143** Zip Code 3. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES FITLE MGRM TITLE Delete Change Addition NAME JASAL GROUP, INC NAME STREET ADDRESS 7225 NW 25TH STREET, STE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 TITLE MGRM ☐ Delete TITLE ☐ Change Addition U00000243070 NAME CIMA OVERSEAS CORPORATION 62/25/05-80027-001 5D.00 STREET ADDRESS 821 CYPRESS BLVD., SUITE 501 STREET ADDRESS CHY-ST-7/P POMPANO BEACH FL 33069 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **I**ITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 liver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED