

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -9 AM 8:28



DOCUMENT # L02000020792

1. Entity Name
JAD HOLDINGS, L.L.C.

Principal Place of Business
666 71ST STREET
MIAMI BEACH, FL 33141

Mailing Address
666 71ST STREET
MIAMI BEACH, FL 33141

2. Principal Place of Business

3. Mailing Address



01262005 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0675638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent:

SERBER, DANIEL J ESQ.
2875 NE 191ST STREET
SUITE 801
AVENUTRA, FL 33180

Name **ALAN LIPS**

Street Address (P.O. Box Number is Not Acceptable)

666 71 STREET

City **MIAMI BEACH**

FL

Zip Code **33141**

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

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME LIPS, ALAN
STREET ADDRESS 666 71ST STREET
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE Change Addition
NAME **REINSTATEMENT**
STREET ADDRESS **04-05**
CITY-ST-ZIP

TITLE MGRM Delete
NAME HAMEROFF, LILY
STREET ADDRESS 666 71ST STREET
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **600046721546**
STREET ADDRESS **02/17/05--01005--007**
CITY-ST-ZIP ****200.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

1/26/05

305-868-3600

Date

Daytime Phone #