

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089780

Entity Name: J & M INDIAN PALMS 176, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

169 E. FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

169 E. FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 20-3449244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JACIENTO J
169 E. FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GONZALEZ, JACIENTO J
169 E. FLAGLER STREET
SUITE 1420
MIAMI, FL 33131 US

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.

SIGNATURE: JACINTO J. GONZALEZ

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JACIENTO J
Address: 169 E. FLAGLER STREET SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

Title: MRGR () Delete
Name: STOKES, MARK
Address: 169 E. FLAGLER STREET SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, JACIENTO J
Address: 169 E. FLAGLER STREET SUITE 1420
City-St-Zip: MIAMI, FL 33131 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACINTO J. GONZALEZ

MGRM

04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date