


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006139

1. Entity Name
JADE WINDS TOWER, L.L.C.



Principal Place of Business 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020	Mailing Address 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3625452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINK, HOWARD N CPA, PA
 1747 VAN BUREN STREET, SUITE 840
 HOLLYWOOD, FL 33020**

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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 *Frederick Bernstein* MANAGING MEMBER 4/15/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERNSTEIN, FREDERICK ONE MEADOW DRIVE, APT. 3G WOODMERE, NY 11598
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/25/05-80104-016 50.00

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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: *Frederick Bernstein* 4/15/05 954-927-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #