


FILED
2007 APR 30 AM 9: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-------------------------------------|---------|--|--|---------|
| DOCUMENT # A05000002204 | | | |  | |
| 1. Entity Name JRH INVEST, LLLP | | | | | |
| Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 940 CORAL GABLES, FL 33146 | | | Mailing Address 1320 SOUTH DIXIE HIGHWAY, SUITE 940 CORAL GABLES, FL 33146 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | L05000116307 | | STREET ADDRESS | | |
| NAME | JRH HOLDINGS, LLC | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY, SUITE 940 | | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 500102355835 | |
| NAME | | | CITY-ST-ZIP | 05/14/07--01071--011 **500.00 | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. | | | | | |
| SIGNATURE _____ | | | | APR 19 2007 | |
| Signature and typed or printed name of signing general partner | | | | Date | |