2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 22, 2005 08:00 AM DOCUMENT # L00000001234 **Secretary of State** 1. Entity Name JEDI PROPERTIES, L.L.C. Principal Place of Business Mailing Address 3725 S. OCEAN DRIVE #707 HOLLYWOOD FL 33019 3725 S. OCEAN DRIVE #707 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 26-3630847 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIDT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. SUITE 735 SOUTH HOLLYWOOD FL 33021 Zip Code FI 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 # applicable DÁTÉ (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Addition TITLE Change TITLE MEM Delete U00000272705 03/22/05-80018-007 **55.00** COWAN, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 3725 S. OCEAN DRIVE #718 CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP Change Addition ☐ Delete LIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP Change Addition TITLE . ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP

11. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED