

2001 UNIFORM BUSINESS REPORT (UBR)

0001183 AF

DOCUMENT # L00000002118
1. Entity Name
JHG ENTERPRISES, LLC

FILED
 01 JUL 27 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1688 MERIDIAN AVENUE, SUITE 801
 MIAMI BEACH FL 33139

Mailing Address
 1688 MERIDIAN AVENUE, SUITE 801
 MIAMI BEACH FL 33139



2. Principal Place of Business
 3550 BISCAYNE BLVD
 Suite, Apt. #, etc. 310

3. Mailing Address
 SAME
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL

4. FEI Number 65-0980603

Applied For
 Not Applicable

Zip 33137 **Country** US

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MAENZAN, JOSEPH
 1688 MERIDIAN AVENUE, SUITE 801
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name: JOSEPH MAENZA
 Street Address (P.O. Box Number is Not Acceptable):
 3550 BISCAYNE BLVD # 310
 City: MIAMI FL Zip Code: 33137

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.

SIGNATURE **DATE** 7-25-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **DATE** 7/25/01 **DAYTIME PHONE #** 305-573-4634

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

CR2E083 (11/00)