## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPE

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # L03000000473 04-25-2007 90036 046 \*\*\*\*50.00 1. Entity Name JERO LIMA, L.L.C. Principal Place of Business Mailing Address 60040205 6300 NE 1ST AVE., STE. 300 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334 04042007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0281502 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SADER, ESQ., ROBERT L. DO NOT WRITE 1901 W. CYPRESS CREEK ROAD **SUITE 415** IN THIS SPACE FORT LAUDERDALE, FL 33309 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE ROSCHMAN FAMILY PARTNERSHIP NO. 1 LTD. NAME STREET ADDRESS 6300 NE 1ST AVE., STE. 300 FT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability dompany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ROBERT ROSCHMAN MARAGINE MEMBER

Date

Daytime Phone #

**FILED**