2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L03000004542 1. Entity Name FEB 1 4 2005 JAMESTOWN SQUARE, L.L.C. Mailing Address Principal Place of Business 120 NE 4TH STREET FORT LAUDERDALE FL 33301 120 NE 4TH STREET FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 56-2324728 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, GEX F Street Address (P.O. Box Number is Not Acceptable) 120 NE 4TH STREET FORT LAUDERDALE FL 33301 Zip Code FL 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, typod or printed name of registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ٩. MGRM HILE Change Addition TITLE Delete U00000317989 GWJV, INC NAME NAME 04/20/05-80041-009 50.00 STREET ADDRESS STREET ADDRESS 120 NE 4TH STREET CHY-SI-AP FORT LAUDERDALE FL 33301 CITY-ST-7IF Addition □ Change ☐ Delete itite ( TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLLY-SI-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addillon HILL NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DULE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CLLY-S1-ZIP 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.

Date

Daytime Phone #

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

**FILED**