

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 015 \*\*\*\*50.00

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<b>DOCUMENT # L03000008581</b> 1. Entity Name JODANSI FINANCIAL, LLC																																																					
Principal Place of Business 1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126 US			Mailing Address 1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126 US																																																		
2. Principal Place of Business 1150 NW 72 Ave Suite, Apt. #, etc. Ste 620 City & State Miami, FL Zip 33126 Country US		3. Mailing Address 1150 NW 72 Ave Suite, Apt. #, etc. Ste 620 City & State Miami, FL Zip 33126 Country US		01242005    Chg-LLC    CR2E083 (10/03)																																																	
4. FEI Number 02-0680811				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent PEREZ, JOSEPH H 1150 NW 72 AVENUE SUITE 500 MIAMI, FL 33126																																																	
7. Name and Address of New Registered Agent Name Perez, Joseph H Street Address (P.O. Box Number is Not Acceptable) 1150 NW 72 AVE Suite 620 City Miami FL Zip Code 33126				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 <u>Joseph H. Perez</u> <u>03/23/2005</u> DATE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">MGRM PERMONT DEVELOPMENT, LLC 1150 NW 72 AVENUE, SUITE 500 MIAMI, FL 33126</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERMONT DEVELOPMENT, LLC 1150 NW 72 AVENUE, SUITE 500 MIAMI, FL 33126	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;">MGRM Permont Development, LLC 1150 NW 72nd Ave, Suite 620 Miami, Florida 33126</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Permont Development, LLC 1150 NW 72nd Ave, Suite 620 Miami, Florida 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: <u>Joseph H. Perez</u> <u>03/23/2005</u> <u>305.994.9494</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>																																																					