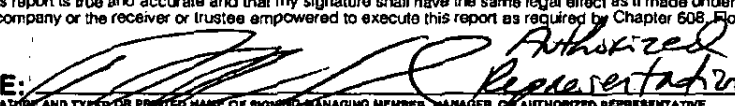


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-12-2004 90132 032 ****50.00

7/1

DOCUMENT # L03000018428 1. Entity Name JRD PALMS FOREST HILLS, LLC					
Principal Place of Business C/O FREDERICK K. MEHLMAN 875 MAMARONECK AVENUE MAMARONECK, NY 10543			Mailing Address C/O FREDERICK K. MEHLMAN 875 MAMARONECK AVENUE MAMARONECK, NY 10543		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0831415	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MANELLA, ROSS H. ESQ. ROSS H. MANELLA, P.A. 2237 N. COMMERCE PKWY., STE. 3 WESTON, FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAMPLIN, MARC S 875 MAMARONECK AVENUE MAMARONECK, NY 10543	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MEHLMAN, FREDERICK K 875 MAMARONECK AVENUE MAMARONECK, NY 10543	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRIER, ROBERT 103 FOUCK ROAD WILMINGTON, DE 19803	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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:  Authorized Representative 7/9/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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