


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000018428 1. Entity Name JRD PALMS FOREST HILLS, LLC	
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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
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01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0831415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMPLIN, MARC S 875 MAMARONECK AVENUE MAMARONECK, NY 10543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEHLMAN, FREDERICK K 875 MAMARONECK AVENUE MAMARONECK, NY 10543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIER, ROBERT 103 FOUCK ROAD WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000192849 01/25/05-80037-003 100.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(f), 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: Frederick K. Mehlman 1/19/05 914-899-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #