

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 10 AM 8:59
05-02-2005 90098 015 ****50.00



DOCUMENT # L03000021826
1. Entity Name
5006 S.W. 136TH AVENUE, LLC

Principal Place of Business
16408 DIAMOND HEAD DR.
WESTON, FL 33331

Mailing Address
16408 DIAMOND HEAD DR.
WESTON, FL 33331

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Due **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
*CPRA, LLC
One Harbour Place, 5th Floor
477 S. Harbour Island
Tampa, FL 33601-3239*

7. Name and Address of New Registered Agent
Name *Genevieve Chantal Volcy Ceant*
Street Address (P.O. Box Number is Not Acceptable)
16408 Diamond Head Dr.
City *Weston* FL Zip Code *33331*

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 *Chantal McE...* DATE *June 8th, 2005*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEANT, JEAN-HENRY 16408 DIAMOND HEAD DRIVE WESTON, FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>JHC Investment Corp</i> <i>16408 Diamond Head Dr</i> <i>Weston FL 33331</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>Chantal V. Ceant</i> <i>16408 Diamond Head Dr</i> <i>Weston FL 33331</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Chantal McE... *04/28/05 9546957955*

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

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