)4 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

S04266900154

9/20/2004-90096-020-$55.00-$55.00

DOCUMENT # L03000032014

1. Entity Name
JPM CENTRE, LLC

FILED
2004 OCT 11 PM 1:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
4055 N.W. 183RD STREET
MIAMI FL 33055

Mailing Address
4055 N.W. 183RD STREET
MIAMI FL 33055

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
7483 SW 24 St.		7483 SW 24 St.	
Suite, Apt. #, etc.: #209		Suite, Apt. #, etc.: #209	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33155	Country: USA	Zip: 33155	Country: USA

4. FEI Number 56-2479735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GARY
C/O SHUTTS & BOWEN LLP
201 S. BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Maria De Pedro Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 7483 S.W. 24th Street, Ste.# 209
City: Miami FL Zip Code: 33155

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: [signature], Executive Director, MDHA Development Corp. DATE 8/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: MDHA DEVELOPMENT CORPORATION STREET ADDRESS: 7483 S.W. 24th Street, Ste. #209 CITY-ST-ZIP: Miami FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Managing Member NAME: JPM CENTRE AT MIAMI GARDENS DRVIE, INC STREET ADDRESS: 4055 N.W. 183rd Street CITY-ST-ZIP: Miami Gardens, FL 33055	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature], Executive Director, MDHA Development Corp 8/13/04 (305) 267-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #