

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 046 ****55.00

DOCUMENT # L03000032014

1. Entity Name
JPM CENTRE, LLC



Principal Place of Business
7483 SW 24 ST. #209
MIAMI, FL 33155

Mailing Address
7483 SW 24 ST. #209
MIAMI, FL 33155

60043979



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-LLC CR2E083 (12/06)

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

GONZALEZ, MARIA DE PEURO
7483 SW 24 ST. SUITE 209
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
Bierman, Mitchell

Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce de Leon Blvd

Suite 700

City
Miami

FL Zip Code
33134

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]

04/27/2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS MDHA DEVELOPMENT CORPORATION
CITY-ST-ZIP 7483 SW 24 ST. #209
MIAMI, FL 33155

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS JPM CENTRE AT MIAMI GARDENS DRIVE, INC.
CITY-ST-ZIP 4055 N.W. 183RD STREET
MIAMI GARDENS, FL 33055

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

04/27/2007 3052673624

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

Date

Daytime Phone #