


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90060 013 ****50.00

DOCUMENT # L04000029471 1. Entity Name JPMH GROUP LLC	
--	---

Principal Place of Business 4135 LAGUNA STREET SUITE D CORAL GABLES, FL 33146 US	Mailing Address 4135 LAGUNA STREET SUITE D CORAL GABLES, FL 33146 US
---	---

DO NOT WRITE IN THIS SPACE



04032008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 25-1917833	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

ANTONIAZZI, PABLO
4135 LAGUNA STREET
SUITE D
CORAL GABLES, FL 33146

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTONIAZZI, PABLO 4135 LAGUNA STREET, STE D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/

**DO NOT WRITE
IN THIS SPACE**

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

04/03/06 305 443 9552
Date Daytime Phone #