



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 030 ****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	
2. Principal Place of Business - No P.O. Box # 4675 Ponce de Leon Blvd		3. Mailing Address 4675 Ponce de Leon Blvd	
Suite, Apt. #, etc. 305		Suite, Apt. #, etc. 805	
City & State Coral Gables		City & State Coral Gables	
Zip 33146 Country USA		Zip 33146 Country USA	
4. FEI Number 25-1917833		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTONIAZZI, PABLO 4135 LAGUNA STREET SUITE D CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTONIAZZI, PABLO 4135 LAGUNA STREET., STE D CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Diagonal line)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Diagonal line)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Diagonal line)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Diagonal line)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		PABLO ANTONIAZZI	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/27/07 Daytime Phone # 305 662 8179	