
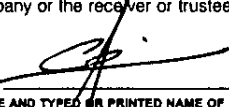


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000029471 1. Entity Name JPMH GROUP LLC		
Principal Place of Business 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33146 US		Mailing Address 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33146 US
DO NOT WRITE IN THIS SPACE		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 <div style="text-align: right;">U000000385425 04/18/08-80013-012 138.75</div>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTONIAZZI, PABLO 4135 LAGUNA STREET., STE D CORAL GABLES, FL 33146	
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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:  03/29/2008 305-662-8779 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		