FILED Apr 27, 2006 8:00 am Secretary of State

Daytime Phone #

2000	LIMITED LIABILITY CO	HAILMI	AI
	ANNUAL REPORT		

DOCUMENT # L04000065202 1. Entity Name THE JADE COMPANY, LLC					04-27-2006 90018 039 ****50.00					
Principal Place of Business		Mailing Address								
1717 N BAYSHORE DRIVE UNIT 3040		1717 N BAYSHORE DRIVE Unit 3040			Į					
MIAMI, FL 33132 US		MIAMI, FL 33132			 	LAFA BIBIP BUCH BOSIL DUS	A B BSIG BISBS A 1	EI O 9102 0000 1		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Number 20-1770				pplied For lot Applicable	
Zip Country		_Zip Country			*	-5Certificate of	of Status Desired		\$5.00.Ad Fee Require	
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New R	egistered /	Agent	
BEDARD.	DENNIS R			Name						
1717 N BA	YSHORE DRIVE			Street Address (P.O. Box Number is Not Acceptable)						
SUITE 215 MIAMI, FL						-				
•	•			City		•••	<u> </u>	FL	Zip Coc	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or	register	ed agent, or both	, in the State of Flo	rida. I am f	amiliar with	, and accept
	ions or registered agent.									!
SIGNATURE .	Signature, typed or printed name of registered agent a	nd tale if applicable. (NOTE	: Registere	d Agent signati	ne required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2006							e check partme	ayable to ent of Stat	te
9.	MANAGING MEMBER		10.				ADDITIONS/			
THTLE NAME	MGR AVILA, ELISABETH	☐ Delete	TITL	Ε ε	HGV.	15 CのV ガ	IF AGIL	ACC	☐ Change	Addition
STREET ADDRESS	ADDRESS 1717 N BAYSHORE DRIVE UNIT 3040			ET ADDRESS	יזת.	MAZIG	oliba PI	we	7190	3040
CITY+ST-ZIP TITLE	MIAMI, FL 33132	☐ Delete	TITLE		7613	ASU FI	<u> 3312</u>	<u>,</u>	☐ Change	Maddition (
NAME		C Delete	NAM						on.unge	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITL						Change	☐ Addition
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				et address -st-zip						
TITLE		☐ Delete	TITLE	=				•	☐ Change	☐ Addition
name Street address			NAM STRE	E ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	Ì					☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE NAME	,	□ Delete	TITLI						☐ Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP	Cartify that the information conclined with	this filling does not available		-ST-ZIP	otained :	in Chanter 110. C	Porida Statutos 1 fr	orther certific	that the infe	ormation
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 path; 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.										