

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002062

Entity Name: JLH REAL ESTATE

FILED  
May 06, 2006  
Secretary of State

## Current Principal Place of Business:

607 SOUTH WESTLAND AVENUE  
20  
TAMPA, FL 33606

## New Principal Place of Business:

2 ADALIA AVENUE  
505  
TAMPA, FL 33606

## Current Mailing Address:

607 SOUTH WESTLAND AVENUE  
20  
TAMPA, FL 33606

## New Mailing Address:

2 ADALIA AVENUE  
505  
TAMPA, FL 33606

FEI Number: 20-2117348      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAYES, JENNIFER L  
607 SOUTH WESTLAND AVENUE  
20  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

HAYES, JENNIFER L  
2 ADALIA AVENUE  
505  
TAMPA, FL 33606 US

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.

SIGNATURE:

05/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HAYES, JENNIFER L  
Address: 607 SOUTH WESTLAND AVENUE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HAYES, JENNIFER L  
Address: 2 ADALIA AVENUE #505  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER L HAYES

MGR

05/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date