SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBED, OR AUTHORIZED REPRESENTATIVE

## **FILED** 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # L05000016954** 04-19-2007 90039 011 \*\*\*\*50.00 JADÉ BEACH 2105, LLC Principal Place of Business Mailing Address 4001~ 6065 N.W. 167TH STREET, SUITE B-2 6065 N.W. 167TH STREET, SUITE B-2 MIAMI, FL 33015 MIAMI, FL 33015 04162007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0591892 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, RENE S DO NOT WRITE 6065 N.W. 167TH STREET, SUITE B-2 MIAMI, FL 33015 , 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE GONZALEZ, RENE S NAME STREET ADDRESS 6065 N.W. 167TH STREET, SUITE B-2 CITY-ST-ZIP MIAMI, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 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 accordate 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, Fiorida Statutes.

Daytime Phone #

Dete