

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103555

FILED
Apr 09, 2007
Secretary of State

Entity Name: JADE BEACH 2604 FLORIDA, L.L.C.

Current Principal Place of Business:

1450 ALTON ROAD
SUITE # 2203
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

6650 PINE TREE LANE
MIAMI BEACH, FL 33141 US

Current Mailing Address:

5550 SW 87TH AVENUE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 20-3660792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, JIM
5550 SW 87TH AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATTOS BARRERO, JORGE E
Address: 1450 ALTON ROAD SUITE # 2203
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: TOJA MONDRAGON, SOFIA P
Address: 1450 ALTON ROAD SUITE # 2203
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATTOS BARRERO, JORGE E
Address: 6650 PINE TREE LANE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGR (X) Change () Addition
Name: TOJA MONDRAGON, SOFIA P
Address: 6650 PINE TREE LANE
City-St-Zip: MIAMI BEACH, FL 33141 US

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: JORGE E MATTOS BARRERO

MGR

04/09/2007

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