2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT #L05000115656** 05-03-2006 90039 026 ****50.00 JNS PROPERTY MANAGEMENT, LLC Principal Place of Business Mailing Address 2110 NW 95 AVENUE 2110 NW 95 AVENUE MIAMI, FL 33172 MIAMI, FL 33172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zíp Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAH, SWAPNIL Street Address (P.O. Box Number is Not Acceptable) 2110 N.W. 95 AVENUE MIAMI, FL 33172 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Delete ☐ Change ■ Addition NAME SHAH, SWAPNIL NAME 2110 N.W. 95 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition TITLE SHAH, SHAIL NAME NAME 2110 N.W. 95 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Defete

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

FILED

☐ Change

☐ Addition