2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State
07-31-2007 90002 007 ****50.00

DOCUMENT # L06000003086

1. Entity Name
JERRY-MARK PALM VIEW, LLC

Principal Place of Business	Mailing Address
2843 S. BAYSHORE DRIVE, APT. 12F MIAMI, FL 33133	2843 S. BAYSHORE DRIVE, APT. 12F MIAMI, FL 33133

07132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 204085943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORENO, RAFAEL G 2525 PONCE DE LEON BLVD., STE. 400 CORAL GABLES, FL 33134	Name HOWARD TAFT Street Address (P.O. Box Number is Not Acceptable) 2843 South BAYSHORE Drive APT. 12-F City MIAMI FL Zip Code 33133

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 Howard Taft 08/27/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER HOWARD TAFT 2843 South BAYSHORE Drive, Apt 12F MIAMI, Fl 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER HARRY HAMAMOVITCH 2206 W. ATLANTIC AVENUE Suite 201 DELRAY BEACH, FL 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES GELMAN MANAGING MEMBER 25 SE. 2nd AVENUE 1025 INGRAHAM BUILDING, MIAMI, Fl 33131	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Howard Taft Howard TAFT 7/24/07 (305) 439 5944
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #