2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000020402

MILE

NAME

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NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 14, 2007 8:00 am Secretary of State 04-25-2007 90040 006 ****50.00

Change

Change

Addition

■ Addition

JH VERANDA	A, LLC							
Principal Place of Bu P.O. BOX 1253 CULF BREEZE, FL		Mailing Address -P.O. 80X 1253 -CULF BREEZE, FL 3256	2_		30	00772	7	
	Business - No P.O. Box # NE FOREST Rd.	3. Mailing Address ABQ PINE / Suite, Apt. #, etc.	FOREST Rd.	04202007	Chg-LLC	CR2E08	33 (12/06)	
Sity & State PLNSCLEON Zip	a FL Country	Gity & State PENSURVIA F	Country	4. FEI Numb	7393 62 of Status Desired		No.	
32526	USA	32526	USA			<u> </u>	ee Require	d
	Name and Address of Current	Registered Agent		7. Name end	Address of New	Registered A	gent	
MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131			Street Address (P.O. Box Number is Not Acceptable)					
	id entity submits this statement to d registered agent.	r the purpose of changing its r	City egistered office or regis	stered agent, or bo	th, in the State of f	FL Horida, Lam fa	Zip Code	
the obligations of					Ma		arniliar with,	and accept
the obligations of SIGNATURE Some	re, typed or prince nume of registered agure of	end site if applicable. (NOTE:	egistered office or regis		Ma Fiori	DATE	amiliar with,	and accept
the obligations of SiGNATURE Bonan Filling Due by Due by TREET ADDRESS	re, typed or prince runs of registered agents Fee In \$50,00 y Mary 1, 2007	end site if applicable. (NOTE:	Registered office or regis	SEPTINE A	ADDITIONS HALL AFFOREST	DATE DATE DATE DATE READ CHANGES KAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	amiliar with,	and accept
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11. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Delete

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