

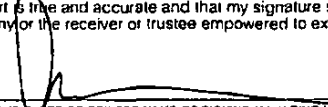
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90073-001-\$150.00-\$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2nd MOORE CR2E083 (4/07)

DOCUMENT # L06000055787			
1. Entity Name JHA HOLDINGS I, LLC			
Principal Place of Business 948 BROOKDALE DR. BOYNTON BEACH FL 33435 US		Mailing Address 948 BROOKDALE DR. BOYNTON BEACH FL 33435 US	
2. Principal Place of Business ALBANESE 948-BROOKDALE DR. BOYNTON BCH, FL 33435		3. Mailing Address Jerry Albanese P.O. Box 0236 Boynton Beach FL 33425-0236	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-5110145		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KERN, KEITH D ESQ 50 SE FOURTH AVNEUE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANESE, JEROME H 948 BROOKDALE DRIVE BOYNTON BEACH FL 33435 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBANESE, JEROME H. P.O. Box 0236 Boynton Beach FLA 33435 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANESE, CATHY L 948 BROOKDALE DRIVE BOYNTON BEACH FL 33435 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		7/8/07 561-573-1305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Name/Phone	