2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

07 OCT -8 PM 1:59

DOCUMENT # L06000055787

1. Entity Name

JHA HOLDINGS I, LLC

Principal Place of Business	Mailing Address
948 BROOKDALE DR. BOYNTON BEACH FL 33435 US	948 BROOKDALE DR. BOYNTON BEACH FL 33435 US

2. Principal Place of Business — P.O. Box #
ALBANESE
948-BROOKDALE DR.
Suite, Apt. #, etc.
BOYNTON BCH, FL 33435
City & State
Zip
Country

3. Mailing Address
Jerry Albanese
Suite, Apt. #, etc.
P.O. Box 0236
City & State
Boynton Beach FL 33425-0236
Zip
Country

2nd MOORE CR2E083 (4/07)

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	7. Name and Address of New Registered Agent
KERN, KEITH D ESQ 50 SE FOURTH AVNEUE DELRAY BEACH FL 33483	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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 ☑ Delete ALBANESE, JEROME H 948 BROOKDALE DRIVE BOYNTON BEACH FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition ~~Boookdale~~ Mgrm Albanese Jerome H. P.O. Box 0236 Boynton Beach FLA 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete ALBANESE, CATHY L 948 BROOKDALE DRIVE BOYNTON BEACH FL 33435	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	BJT ☐ 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 Daytime Phone #