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
948 BROOKDALE DR.
BOYNTON BEACH FL 33435
US

Mailing Address
948 BROOKDALE DR.
BOYNTON BEACH FL 33435
US

2nd MOORE CR2E083 (4/07)

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

3. Mailing Address: Jerry Albanese
Suite, Apt. #: P.O. Box 0236
City & State: Boynton Beach FL 33425-0236
Zip / 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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ALBANESE, JEROME H 948 BROOKDALE DRIVE BOYNTON BEACH FL 33435	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgrm 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		BLT ☐ 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 #