# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90073-001-$150.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:59

DOCUMENT # L06000055793

1. Entity Name

JHA HOLDINGS, III, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 948 BROOKDALE DR.<br>BOYNTON BEACH FL 33435<br>US | 948 BROOKDALE DR.<br>BOYNTON BEACH FL 33435<br>US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. Same | Suite, Apt. #, etc. Jerry Albanese P.O. Box 0236 |
| City & State | City & State Boynton Bch FLA |
| Zip / Country | Zip 33425-0236 / Country USA |

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-5109970 — 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<br>50 SE FOURTH AVENUE<br>DELRAY BEACH FL 33483 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR ☑ Delete<br>ALBANESE, JEROME H<br>948 BROOKDALE DRIVE<br>BOYNTON BEACH FL 33435 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | mgm ☐ Change ☐ Addition<br>Albanese Jerome H.<br>P.O. Box 0236<br>Boynton Beach Florida. 33435-0236 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR ☐ Delete<br>ALBANESE, CATHY L<br>948 BROOKDALE DRIVE<br>BOYNTON BEACH FL 33435 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BEP ☐ 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 #