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. BOYNTON BEACH FL 33435 US	948 BROOKDALE DR. BOYNTON BEACH FL 33435 US

2nd MOORE CR2E083 (4/07)

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

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

KERN, KEITH D ESQ
50 SE FOURTH AVENUE
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	MGR	☑ Delete	TITLE	MGRM	☐ Change ☐ Addition
NAME	ALBANESE, JEROME H		NAME	Albanese Jerome H.	
STREET ADDRESS	948 BROOKDALE DRIVE		STREET ADDRESS	P.O. Box 0236	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP	Boynton Beach Florida. 33435-0236	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALBANESE, CATHY L		NAME		
STREET ADDRESS	948 BROOKDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☑ Change ☐ Addition BEF
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 7/8/07 561-573-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #