## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## Apr 26, 2007 8:00 am Secretary of State **DOCUMENT # L06000060468** 04-26-2007 90040 031 \*\*\*\*50.00 1. Entity Name JHF CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 60041470 1324 BAYVIEW DRIVE 1324 BAYVIEW DRIVE FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5242600 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGAL INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD, STE 404 WESTON, FL 33331 City 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 earne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Change ☐ Addition TITLE Delete NAME JHF CONSTRUCTION, INC. NAME 1324 BAYVIEW DRIVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE TITLE

**FILED** 

Change

■ Addition

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

□ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

954/646-1973 Jellroy M. Hondricks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE