

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117822

FILED
Aug 02, 2007
Secretary of State

Entity Name: JADE OCEAN 4205 FLORIDA LLC

Current Principal Place of Business:

773 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

773 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEL CASTILLO, SANDRA
773 WOODCREST ROAD
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEUMANN, HECTOR
Address: 773 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: NEUMANN, NICHOLAS
Address: 773 WOODCREST ROAD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: PEREZ, HENIO
Address: 14100 NW 20TH STREET
City-St-Zip: PENBROOK PINES, FL 33149 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA DEL CASTILLO

MGMR

08/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date