

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000121695

**FILED**  
**Aug 06, 2007**  
**Secretary of State**

**Entity Name:** JH HOMESTEAD PROPERTIES, LLC

**Current Principal Place of Business:**

24662 SW 108TH AVE  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

24662 SW 108TH AVE  
HOMESTEAD, FL 33032

**New Mailing Address:**

**FEI Number:** 20-8285697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBAREDA, ADELAIDA A ESQ  
2455 E SUNRISE BLVD STE 813  
FT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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: HERNANDEZ, JOSE  
Address: 2466 SW 108 AVE  
City-St-Zip: HOMESTEAD, FL 33032

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HERNANDEZ, JOSE  
Address: 24662 SW 108 AVE  
City-St-Zip: HOMESTEAD, FL 33032

Title: MGRM ( ) Change (X) Addition  
Name: MARTINEZ, RICARDO  
Address: 24662 SW 108 AVE  
City-St-Zip: HOMESTEAD, FL 33032

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:** JOSE HERNANDEZ

MGRM

08/06/2007

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