


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90462 037 ****50.00

DOCUMENT # L06000121902	
1. Entity Name JH COMPASS LAKE PROPERTIES, LLC	

Principal Place of Business 24662 SW 108TH AVE HOMESTEAD, FL 33032	Mailing Address 24662 SW 108TH AVE HOMESTEAD, FL 33032
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40037550



2. Principal Place of Business - No P.O. Box # 24662 SW 108TH AVE	3. Mailing Address 24662 SW 108TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092007 Chg-LLC CR2E083 (12/06)

City & State HOMESTEAD, FL	City & State HOMESTEAD, FL
Zip 33032	Country
Zip 33032	Country

4. FEI Number 20-8285585	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALBAREDA, ADELAIDA A ESQ 34562 SW 108TH AVE HOMESTEAD, FL 33032	
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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 X Jose Hernandez 3/12/2007 X
Signature, typed or printed name of registered agent and date 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, JOSE 24662 SW 108TH AVE HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Jose Hernandez 3/12/2007 305-257-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #