

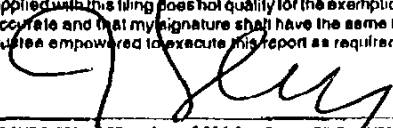
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FROM-MITCHELL T MCRAE P A

2416617

T-685 P 02/04 F-336

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 27 PM 5:00 SECRETARY OF STATE PALM BEACH, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # I.92000000049 JERFERA DEVELOPMENT, L.C. 22503 SOUTH STATE RD. 7 SUITE 201 BOCA RATON, FL 33428		1a. Principal Place of Business Address 22503 SOUTH STATE RD. 7 SUITE 201 BOCA RATON, FL 33428			
2. Principal Place of Business C/O Mitchell McRae Suite, Apt. #, etc. 23003 South State Rd. 7 City & State Boca Raton, FL Zip 33428		2a. Mailing Address C/O Mitchell McRae Suite, Apt. #, etc. 23003 South State Rd. 7 City & State Boca Raton, FL Zip 33428		3. Date Organized or Qualified 12/01/1992 3a. State of Formation FL	
4. FFI Number 65-0573481		☐ Applied For ☐ Not Applicable			
5. Date of Last Report 04/23/1998		6. Certificate of Status Desired ☐ Status as a Limited Liability Company			
7. Name and Address of Current Registered Agent MCRAE, MITCHELL T P.A. 22503 SOUTH STATE RD. 7 SUITE 201 BOCA RATON, FL 33428		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) West Boca Plaza Suite, Apt. #, etc. 23003 South State Rd 7 City Boca Raton			
9. Pursuant to the provisions of Sections 608.415 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		DATE			
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)		DATE			
10. Title M		Managing Members/Managers SCHIFF, JERRY		Business Street Address 23123 ST RD 7, SUITE 201	
City, State and Zip Code BOCA RATON FL		600002868376--5 -05/07/99--01141--018 ****188.75 ****188.75			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.		SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER OR MANAGER		April 9, 1999			

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