

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90045 004 ****50.00

DOCUMENT # L98000001776

1. Entity Name
JHB.FLORIDA PROPERTIES, LLC



Principal Place of Business

215 N. FEDERAL HWY., SUITE 1
BOCA RATON, FL 33432

Mailing Address

215 N. FEDERAL HWY., SUITE 1
BOCA RATON, FL 33432



06052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H ESQ.
215 N. FEDERAL HIGHWAY, SUITE 1
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATMASIAN, JAMES
215 N. FEDERAL HWY., SUITE 1
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BATMASIAN, MARTA
215 N. FEDERAL HWY., SUITE 1
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/28/2006

Date

561-392-8920

Daytime Phone #