2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000001776

1. Entity Name
JHB FLORIDA PROPERTIES, LLC



Principal Place of Business

SIGNATURE:

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

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

08 MAR 21 PM 12: 01

LUIL JANE OF STATE
JALLAHASSEE, FLORIDA



03032008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number		Applied For
65-0822990		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the purpose of char ons of registered agent.	iging its registered office or registered agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	BATMASIAN, JAMES		
STREET ADORESS	215 N. FEDERAL HWY., SUITE 1		
CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	MGRM	900120	970299
NAME	BATMASIAN, MARTA	03/24/080100	12003 ** 5456.25
STREET ADDRESS	215 N. FEDERAL HWY., SUITE 1	,	
CITY-ST-ZIP	BOCA RATON, FL 33432		•
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP		I DO NOT W	VRITE
			
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NAME			
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CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information samplied with this filing does not on this report is true and sacturate and that my signature so ability company or the receiver for trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes shall have the same legal effect as if made under oath; that I am a mecute this report as required by Chapter 608, Florida Statutes.	i. I further certify that the information anaging member or manager of the

DE SIGNINO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE