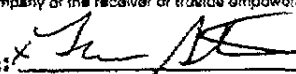


FROM : HOWARD N FINK CPA PA

FAX NO. : 954 927 1402

Jan. 20 2004 04:38PM P2

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006139		
1. Entity Name JADE WINDS TOWER, L.L.C.		
Principal Place of Business 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020		Mailing Address 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-3625452		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FINK, HOWARD N CPA, PA 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020		DO NOT WRITE IN THIS SPACE
7. 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. (Only if Registered Agent signature required when returning))		
Filing Fee is \$50.00 Due by May 1, 2004		
B. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BERNSTEIN, FREDERICK ONE MEADOW DRIVE, APT. 3G WOODMERE, NY 11598	
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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 605, Florida Statutes.		
SIGNATURE: 		1/26/04 5163741630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

01202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE
IN THIS SPACE**U000000053864
02/16/04-80148-014 50.00