


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L99000006139 1. Entity Name JADE WINDS TOWER, L.L.C. |  |
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| Principal Place of Business 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020 | Mailing Address 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020 |
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DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3625452 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FINK, HOWARD N CPA, PA 1747 VAN BUREN STREET, SUITE 840 HOLLYWOOD, FL 33020 |
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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 Frederick Bernstein MANAGING MEMBER 4/15/05
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 May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| 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 | |
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000000329200
04/25/05-80104-016 50.00

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IN THIS SPACE**

11. I 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 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: Frederick Bernstein 4/15/05 954-927-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #