


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006993 1. Entity Name JHS PROPERTY DEVELOPMENT, L.L.C.																																															
Principal Place of Business 215 CELEBRATION PL STE 500 KISSIMMEE FL 34747			Mailing Address 215 CELEBRATION PL STE 500 KISSIMMEE FL 34747																																												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																												
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																															
6. Name and Address of Current Registered Agent MARRON, LORAIN G 2532 CLARINET DRIVE ORLANDO FL 32837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																											
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 55%;"> MGR HEATHCLIFF SLOCUMB 4418 CALABAY DR. ORLANDO FL 32837 </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000024862 02/02/04-80083-007 50.00 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEATHCLIFF SLOCUMB 4418 CALABAY DR. ORLANDO FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000024862 02/02/04-80083-007 50.00		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____

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

Date

Daytime Phone #