


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 029 ****50.00

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 JHS Properties Development Suite, Apt. #, etc. Suite 500		3. Mailing Address 215 Celebration Place Suite, Apt. #, etc.	
City & State Celebration		City & State FL	
Zip 34747	Country USA	Zip	Country
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 David Cohen - 5859 Street Address (P.O. Box Number is Not Acceptable) 3728 Major Blvd. Ste. 500 City Orlando FL Zip Code 32819	
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, 2005			
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
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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 #