

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000005572

1. Entity Name
JH PERSHING, LLC



**FILED
Sep 12, 2005 8:00 am
Secretary of State**

09-12-2005 90167 001 ***150.00

30011171



07202005 Chg-LLC CR2E083 (10/03)

Principal Place of Business 4304 PERSHING POINTE PLACE ORLANDO, FL 32822	Mailing Address 4304 PERSHING POINTE PLACE ORLANDO, FL 32822
2. Principal Place of Business	3. Mailing Address P.O. Box 60195
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Fort Myers, Florida
Zip	Zip 33906
Country	Country

4. FEI Number 26-0102035	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent IBOLD, CATHERINE B 20 NORTH EOLA DRIVE ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name <i>PCMF</i> Street Address (P.O. Box Number is Not Acceptable) 7680 Cambridge Manor, Suite 101 City Fort Myers FL Zip Code 33907
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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 *Terry Wayland* (Terry Wayland) DATE 7-20-05
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, JEWEL P.O. BOX 1732 NEWPORT BEACH, CA 92659	<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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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

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: *Terry Wayland* (Terry Wayland 7-20-05 239-275-8320)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #