


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-12-2005 90167 001 ***150.00

DOCUMENT # M04000005572					
1. Entity Name JH PERSHING, LLC					
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		Country		Zip 33906	
City & State		City & State		4. FEI Number 26-0102035	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: XXXXXXXXXX PCME Street Address (P.O. Box Number is Not Acceptable): 7680 Cambridge Manor, Suite 101 City: Fort Myers FL Zip Code: 33907	
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: <u>Terry Wayland</u> DATE: <u>7-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<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: <u>Terry Wayland</u> <u>7-20-05</u> <u>239-275-8320</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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