2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002687

Entity Name: JLM - INN TRANSITION NORTH, INC.

FILED Jul 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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713 BILTMORE WAY CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

713 BILTMORE WAY CORAL GABLES, FL 33134

FEI Number: 65-0657886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPACE, SANDRA C
713 BILTMORE WAY
713 BILTMORE WAY
CORAL CARLES FL 23124

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: TERESA ZOHN 07/06/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 CUSAK, ASHLEY
 Name:
 ZOHN, TERESA

 Address:
 713 BILTMORE WAY
 Address:
 713 BILTMORE WAY

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: PD () Delete Title: D (X) Change () Addition Name: KORGE, DEBORAH D Name: BYRD, MARIA F

 Name:
 KORGE, DEBORAH D
 Name:
 BYRD, MARIA F

 Address:
 713 BILTMORE WAY
 Address:
 713 BILTMORE WAY

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: D (X) Delete Title: () Change () Addition

 Name:
 WICKER, VIVIANE
 Name:

 Address:
 713 BILTMORE WAY
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA FIGUEROA BYRD TREA 07/06/2004