


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5 **FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90136 041 \*\*\*\*70.00

**DOCUMENT # N95000002687**

1. Entity Name  
**JLM - INN TRANSITION NORTH, INC.**



Principal Place of Business      Mailing Address

**713 BILTMORE WAY      713 BILTMORE WAY**  
**CORAL GABLES, FL 33134      CORAL GABLES, FL 33134**

bb024101



04252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0657886</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOHN, TERESA**  
**713 BILTMORE WAY**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 upon reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZOHN, TERESA 713 BILTMORE WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD, MARIA F 713 BILTMORE WAY CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **Treasurer** 6/30/05 305.341.8094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE      Date      Daytime Phone #