2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016569

1. Entity Name

JEANNIE HOMES INVESTMENTS, LLC



Principal Place of Business Mailing Addre

3450 WEST 84TH ST STE 201

HIALEAH, FL 33018

3450 WEST 84TH ST STE 201 HIALEAH, FL 33018

Mailing Address

FILED Feb 18, 2008 08:00 AN Secretary of State



02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
<u>45-0501941</u>	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

GRAVERAN, NELSON 3450 WEST 84TH ST STE 201 HIALEAH, FL 33018 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 iamiliar with, and accept
	the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and little it applicable.

MANAGING MEMBERS/MANAGERS

(NOTE, Registered Agent signature required when reinstating)

加勒斯特人 "冷冰"的 计控管 司马

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

02/27/08-80003-025 138.79

y	MANAGING MEMBERS MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, NELSON 3450 WEST 84TH ST STE 201 HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, I. CRISTINA 3450 WEST 84TH ST STE 201 HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAVERAN, JEANNIE M 3450 WEST 84TH ST HIALEAH, FL 33018	DO N
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qually for the exemptions contained in Chapter 119, 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 TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/08

305-557-125

Daytime Phone #