


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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| DOCUMENT # L02000024000 1. Entity Name JCR INVESTMENTS LLC |  |
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| Principal Place of Business 3138 COMMODORE PLAZA SUITE 22 COCONUT GROVE, FL 33133 | Mailing Address 3138 COMMODORE PLAZA SUITE 22 COCONUT GROVE, FL 33133 |
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| 2. Principal Place of Business 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami, FL Zip 33131 Country U.S.A. | 3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami, FL Zip 33131 Country U.S.A. |
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| 4. FEI Number 55-0799273 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RUIZ, FRANCISCO 3138 COMMODORE PLAZA SUITE 22 COCONUT GROVE, FL 33133 | 7. Name and Address of New Registered Agent Name Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive Suite 0-305 City Miami FL Zip Code 33131 |
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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  DATE 02/23/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Amended AR is \$50.00 | Make check payable to Florida Department of State |
|------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RUIZ, FRANCISCO 3138 COMMODOKE PLAZA, STE 22 COCONUT GROVE, FL 33133 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Gilton De Souza Lacerie 520 Brickell Key Drive, Suite 0-305 Miami, FL 33131 <input checked="" 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:  DATE 02/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

05 FEB 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232005 Chg-LLC CR2E083 (10/03) *MRD*