2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SEURLIARY OF STATE DIVISION OF COPPORATIONS DOCUMENT # L02000024000 05 AUG 12 AH 9: 04 JCR INVESTMENTS LLC Principal Place of Business Mailing Address **520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE SUITE 0-305 SUITE 0-305** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 2222 Ponce de Leon Blyd Suite, Apt. #, etc. Suite, Apt. #, etc. 08082005 Cha-LLC CR2E083 (10/03) PH Applied For City & State City & State 4. FEI Number Not Applicable 55-0799273 Coral Glables, Fl Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33134 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33131 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR ☐ Change TITLE ☐ Delete TITLE ☐ Addition DE SOUZA LACERIE, GILTON NAME NAME 520 BRICKELL KEY DRIVE, SUITE O-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TIFLE ☐ Delete **800058886178** 08/23/05--01041--013 ***50 NAME **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trigstee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:
SIGNATURE AND TYPIO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>08/09/05</u> <u>(305) 374 - 3800</u> Daytime Phone #