


**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90135 021 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L02000024000**

1. Entity Name  
**JCR INVESTMENTS LLC**



Principal Place of Business  
 2222 PONCE DE LEON BLVD.  
 SUITE PH  
 CORAL GABLES, FL 33134

Mailing Address  
 2222 PONCE DE LEON BLVD.  
 SUITE PH  
 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**520 Brickell Key Drive**

Suite, Apt. #, etc.  
**Suite O-305**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**55-0799273**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC**  
**520 BRICKELL KEY DRIVE**  
**SUITE O-305**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**



**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DE SOUZA LACERIE, GILTON	520 BRICKELL KEY DRIVE, SUITE O-305	MIAMI, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	CAMPOS, FERNANDO	520 BRICKELL KEY DRIVE, SUITE O-305	MIAMI, FL 33131		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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: *Fernando Campos* **Fernando Campos** 02-09-07 305-374-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #