

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019653

FILED
Mar 30, 2006
Secretary of State

Entity Name: JAFAN L.L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

FEI Number: 56-2420134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD., ST. 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDRADE, CARLOS H
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: ARISTIZABAL, MAURICIO
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RODRIGUEZ, MARTHA L
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOMEZ, NICOLAS
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOMEZ, RUBEN DARIO
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: SHERMAN, IVAN
Address: 2121 PONCE DE LEON BLVD., ST. 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS ANDRADE

MGR

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date