


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000023325				
1. Entity Name JOSE INVESTMENT, LLC				
Principal Place of Business 3001 NW 17 AVENUE MIAMI FL 33142		Mailing Address 3001 NW 17 AVENUE MIAMI FL 33142		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0947646
6. Name and Address of Current Registered Agent BARRIOS, JOSE A JR 3001 NW 17 AVENUE MIAMI FL 33142				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				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 _____ (NOTE: Registered Agent signature required when translating) _____ DATE _____				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006				



1st MOORE CR2E083 (10/05)

4. FEI Number **20-0947646** Applied For Not Applicable

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, JOSE A JR		NAME		
STREET ADDRESS	3001 NW 17 AVENUE		STREET ADDRESS		U00000541046 05/10/06-80044-003 55.00
CITY-ST-ZIP	MIAMI FL 33142		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jose Barrios* 4-28-06 305 6337029