## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L04000058401**

1. Entity Name
JC & JR INVESTMENTS, LLC



Principal Place of Business

C/O JULIAN RODRIGUEZ 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134 Mailing Address

C/O JULIAN RODRIGUEZ 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134

# FILED Apr 10, 2006 08:00 AM Secretary of State



03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1499852 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

# DO NOT WRITE

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

6.	the above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	tam tamiliar with, and accept
	the obligations of registered agent.	·

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/06-80032-019 50.00

#### Filing Fee is \$50.00 Due by May 1, 2006

ANNOUS OF OFFICE AND O		
G.	MANAGING MEMBERS/MANAGERS MGR	
NAME	CHEATHAM, JOHN W	
STREET ADDRESS	1690 CYPRESS ROW DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	MGR	
NAME	RODRIGUEZ, JULIAN J	
STREET ADDRESS	10251 SW 66 STREET	And the second s
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		
1		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE		IN THIS SPACE
HAME		TIN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
}		
NAME		
STREET ADDRESS		Commission of the Commission o
CITY-ST-ZIP		a Newson - 1995 (1995年) - Martin Martin (1995年) (1995年) - 1995年 (1995年) - 19
DILE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		The state of the s
<u> </u>		NO

11. I hereby certify that the information supplied with this flling 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, CHAUSHORIZED REPRESENTATIVE

4/6/06

Daythme Phone 9