
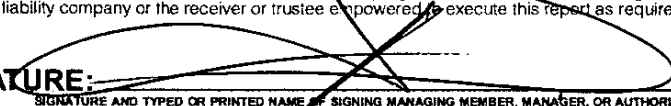


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90073 035 \*\*\*\*50.00

<b>DOCUMENT # L04000091234</b> 1. Entity Name <b>JL INVESTMENT GROUP, LLC</b>		
Principal Place of Business <b>8011 NW 14 STREET, SUITE 200          MIAMI, FL 33126</b>		Mailing Address <b>8011 NW 14 STREET, SUITE 200          MIAMI, FL 33126</b>
2. Principal Place of Business <b>10455 NW 41 STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>10455 NW 41 STREET</b> Suite, Apt. #, etc.
City & State <b>DORAL, FL</b>		City & State <b>DORAL, FL</b>
Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33178</b>
Country <b>USA</b>		Country <b>USA</b>
<b>6. Name and Address of Current Registered Agent</b> <b>URANGA, JAIME A          8011 NW 14 STREET, SUITE 200          MIAMI, FL 33126</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>10455 NW 41 Street</b> City <b>DORAL</b> <b>FL</b> Zip Code <b>33178</b>
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 reinstating) _____ DATE _____		
<b>Filing Fee is \$50.00          Due by May 1, 2006</b>		<b>Make check payable to          Florida Department of State</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>URANGA, JAIME A</b> STREET ADDRESS <b>14621 SW 66 AVE.</b> CITY-ST-ZIP <b>MIAMI, FL 33158</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.		
<b>SIGNATURE:</b> 		Date <b>4/26/06</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		