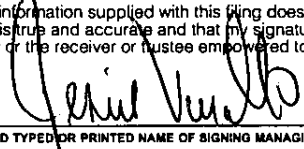


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90183 019 ****50.00

DOCUMENT # L05000021065 1. Entity Name JJV INVESTMENTS, LLC					
Principal Place of Business 9990 S.W. 77TH AVENUE MIAMI, FL 33156-2661			Mailing Address 9990 SW 77TH AVENUE MIAMI, FL 33156-2661		
2. Principal Place of Business		3. Mailing Address <i>Suite 330</i> <i>9990 SW 77 Ave</i> <i>MIAMI FL</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>MIAMI FL</i>			
Zip	Country	Zip	Country		
Zip		Country		4. FEI Number 30-0301619	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 SW 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vasallo, Jesus P/ D ☐ Delete 4049 Broadway, Apt. 257 New York, NY 10032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vasallo, Jose VP/D ☐ Delete 2441 S.W. 14th Street Miami, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Jesus Vasallo		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/10/06 Daytime Phone # 305-525-4018		