## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90021 012 \*\*\*\*50.00

☐ Change ☐ Addition

DOCUMENT # L05000033467  1. Entity Name JEJ SMART INVESTMENTS GROUP LLC					744U3E # 0 0				
Principal Place of Business Mailing Address						20	U354	89	
	S BLVD., #319 Pines, Fl 33029	15841 PINES BLVD., #319 PEMBROKE PINES, FL 33029					•		
					£ 18811811 £	    EB	IR SELECT FINES	 	TDF OCT (STET
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			4. FEI Number 4.1 - 2.1 7.3 6.5 S Not Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Required	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	egistered Agent			7. Name and Address of New Registered Agent				
RUIZ, EUNICE				Name					
15841 PIN	NICE ES BLVD., #319 KE PINES, FL 33029		Street Address		(P.O. Box Number is Not Acceptable)				
		•							
	**************************************		City				FL	Zip Code	
	named entity submits it is statement for ions of registered agent.	or the purpose of changing its i	registered office or	registere	ed agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE									
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
	<b>b</b> .					Floria	a vepann	nent of State	'
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS			·
TITLE	MGRM	ERS/MANAGERS  Delete	10. 1ITLE						☐ Addition
TITLE NAME	MGRM RUIZ, EUNICE		TITLE NAME					S	
TITLE	MGRM RUIZ, EUNICE 15841 PINES BLVD., #319		TITLE					S	
TITLE NAME STREET ADDRESS	MGRM RUIZ, EUNICE		TITLE NAME STREET ADDRESS					S	
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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.

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: CONCE KUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WENDER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP