


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000096161</b> 1. Entity Name <b>JUMBO BEATLES, LLC</b>	
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Principal Place of Business <b>5600 COLLINS AVENUE 12-N MIAMI BEACH, FL 33140</b>	Mailing Address <b>5600 COLLINS AVENUE 12-N MIAMI BEACH, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**



01232008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GONZALEZ, JAVIER L  
999 PONCE DE LEON BLVD.  
PH-1135  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OSRY, ESTER F 5600 COLLINS AVENUE, SUITE 12-N MIAMI BEACH, FL 33140</b>
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U000000815422  
02/14/08-80008-019 138.75

**DO NOT WRITE  
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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.

**SIGNATURE:** ESTER F OSRY      01-28-08      305-867-8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #