


FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90032 012 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # L06000052508 1. Entity Name J & R INVESTMENT PROPERTY 1, L.L.C. |  |
|--|---|

30007611

| | |
|---|---|
| Principal Place of Business 5300 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-3205 | Mailing Address 5300 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308-3205 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

03302007 Chg-LLC CR2E083 (12/06)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|---------------|--|
| 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|---------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent PASQUALE, JOHN 19101 MYSTIC POINTE DRIVE, SUITE 2306 AVENTURA, FL 33180 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|--|

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|-----------------------------|---------------------------------|--|-----------------------|--|---|--|
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PASQUALE, JOHN | | | NAME | | | |
| STREET ADDRESS | 88 LYNBROOK AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | POINT LOOKOUT, NY 115693205 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PASQUALE, ROSALIE | | | NAME | | | |
| STREET ADDRESS | 88 LYNBROOK AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | POINT LOOKOUT, NY 115693205 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: John J. Pasquale John J. Pasquale 4-4-07 5/6-297-696
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #