


**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000052508</b> 1. Entity Name <b>J &amp; R INVESTMENT PROPERTY 1, L.L.C.</b>	
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Principal Place of Business <b>5300 N. FEDERAL HIGHWAY          FORT LAUDERDALE, FL 33308-3205</b>	Mailing Address <b>5300 N. FEDERAL HIGHWAY          FORT LAUDERDALE, FL 33308-3205</b>
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03202008 No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>NOT APPLICABLE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent

**PASQUALE, JOHN**  
**19101 MYSTIC POINTE DRIVE, SUITE 2306**  
**AVENTURA, FL 33180**

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: *John Pasquale*      (NOTE: Registered Agent signature required when resigning)      DATE: 4-1-2008

Signature, typed or printed name of registered agent, and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PASQUALE, JOHN
STREET ADDRESS	88 LYNBROOK AVE
CITY- ST- ZIP	POINT LOOKOUT, NY 115893205
TITLE	MGRM
NAME	PASQUALE, ROSALIE
STREET ADDRESS	88 LYNBROOK AVE
CITY- ST- ZIP	POINT LOOKOUT, NY 115893205
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 04/23/08-90058-015-138.75

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 Pasquale*      Date: 4-1-2008      Daytime Phone #: 516-297-6436

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