


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90356 019 \*\*\*\*50.00

**DOCUMENT # L06000107392**

1. Entity Name  
**JA INTERNATIONAL REAL ESTATE HOLDINGS, LLC**



**60037406**



Principal Place of Business  
**C/O ANDRES ELOY GARCIA ARZOLA**  
**10362 CANOE BROOKS**  
**BOCA RATON, FL 33498**

Mailing Address  
**C/O MARC H. AUERBACH, ESQ.**  
**201 S. BISCAYNE BLVD., SUITE #2000**  
**MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #  
**10829 SW 42nd St**

3. Mailing Address  
**10829 SW 42nd St**

Suite, Apt. #, etc.

01232007 Chg-LLC CR2E083 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33173**

Country  
**USA**

Zip  
**33173**

Country  
**USA**

4. FEI Number  
**20-5854655**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**AUERBACH, MARCH H ESQ.**  
**201 S. BISCAYNE BLVD., SUITE #2000**  
**MIAMI, FL 33131**

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 remaining) DATE \_\_\_\_\_

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

**Make check payable to Florida Department of State**

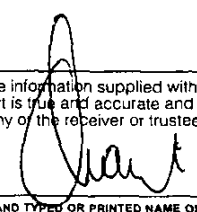
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JA INTERNATIONAL INVESTMENTS, LLC</b> <b>10362 CANOE BROOKS</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Johnny Mercado</b> <b>10362 Canoe Brooks</b> <b>Boca Raton, FL 33498</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>manage</b> <b>Victor Fung</b> <b>10362 Canoe Brooks</b> <b>Boca Raton, FL 33498</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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

Date **04/10/2007** Daytime Phone # **305-5964335**