

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 018 ****50.00

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DOCUMENT # L04000039527 1. Entity Name JJR HOLDINGS, LLC					
Principal Place of Business 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134			Mailing Address 2801 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # <i>95 Merrick way</i> Suite, Apt. #, etc. <i>250</i>		3. Mailing Address <i>95 Merrick way</i> Suite, Apt. #, etc. <i>250</i>		03092007 Chg-LLC CR2E083 (12/06)	
City & State <i>Coral Gables FL</i>		City & State <i>Coral Gables FL</i>		4. FEI Number 20-1174562	
Zip <i>33134</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, JULIAN J 10251 SW 66 STREET MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, ANA M 10251 SW 66 STREET MIAMI, FL 33173		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/9/07</i> Daytime Phone # _____		