

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90531 026 ****50.00

DOCUMENT # L00000011841					
1. Entity Name JEANNIE WONDERLY ESTATES, LLC					
Principal Place of Business 1760 W. 41 ST., UNIT B HIALEAH, FL 33012			Mailing Address 1760 W. 41 ST., UNIT B HIALEAH, FL 33012		
2. Principal Place of Business 3450 West 84 Street Suite, Apt. #, etc. 201 City & State Hialeah Gardens, FL Zip 33018		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-1047880			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GRAVERAN, NELSON P 1760 W. 41 ST., UNIT B HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name: Graveran, Nelson P. Street Address (P.O. Box Number is Not Acceptable): 3450 W. 84 Street #201 City: Hialeah FL Zip Code: 33018		
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: 2/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME GRAVERAN, NELSON STREET ADDRESS 1760 WEST 41 STREET UNIT B CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE MGR NAME Graveran, Nelson STREET ADDRESS 3450 West 84 Street #201 CITY-ST-ZIP Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME LUIS, RODRIGUEZ M STREET ADDRESS 1760 W 41 ST, UNIT B CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE MGR NAME Rodriguez, Luis M STREET ADDRESS 3450 West 84 Street #201 CITY-ST-ZIP Hialeah Gardens, FL 33018	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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:			Date: 2/24/05 Daytime Phone #: 305-557-1253		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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