

2001 UNIFORM BUSINESS REPORT (UBR)

0010937 AF

DOCUMENT # L00000011958

1. Entity Name
JEANCHHELL INTERNATIONAL INVESTMENTS, L.L.C.

FILED
2001 APR 30 PM 2:14

DIVISION OF CORPORATIONS



Principal Place of Business % A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175	Mailing Address % A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175
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2. Principal Place of Business 9753 S. Orange Blossom Suite, Apt. #, etc. 106 City & State Orlando, FL Zip 32837 Country USA	3. Mailing Address 9753 S. Orange Blossom Suite, Apt. #, etc. 106 City & State Orlando, FL Zip 32837 Country USA
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TRAIL

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1047834	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
~~A&P REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 226~~
~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent
Name: Hernan Lezama TRAIL
Street Address (P.O. Box Number is Not Acceptable): 9753 S. Orange Blossom TRAIL
106
City: Orlando, FL Zip Code: 32837

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.

SIGNATURE: *[Signature]* DATE: 4/24/2001
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGR LEZAMA, HERNAN EDUARDO STREET ADDRESS % 2450 SW 137TH AVE., SUITE 226 CITY-ST-ZIP MIAMI FL 33175	<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 9753 S. Orange Blossom TRAIL #106 Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 700004218347-8 -05/15/01--01125--021 *****50.00 *****50.00	<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
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 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: *[Signature]* DATE: 4/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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