## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90033 012 \*\*\*138.75

1. Entity Nam	MENT # L01000016 JNLIMITED, LLC								
Principal Place of Business 1866 N.W. 82ND AVE. MIAMI, FL 33126		Mailing Address 1866 N.W. 82ND AVE. MIAMI, FL 33126		60034515					
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address	_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132008 CI	hg-LLC	CR2E083	(12/06)	
City & State		City & State		4. FEI Number 65-114360	4		<del></del>	plied For t Applicable	
Zip	Country	Zíp	Country		5. Certificate of Sta	atus Desired		.00 Add e Require	litional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Age	ent	
011410110	144			Name					
SIMMONS, IAN 1660 N.W. 82ND AVE. MIAMI, FL 33126				Street Address	ss (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	tered agent, or both, in t	the State of Flor	· - :	iliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent is	nd title if applicable (NO)	T- Registere	d Agent signature requi	rad when reineraling)	· · · · · · · · · · · · · · · · · · ·	DATE		
After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75					Florida	check pay Departmen	able to t of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	<del></del>		ADDITIONS/	CHANGES		
TITLE .	MGR	☐ Delete	TITLE					] Change	Addition
NAME	SIMMONS, IAN		MAM	ľ					
STREET ADDRESS CITY-ST-ZIP	1866 N.W. 82ND AVE. MIAMI, FL 33126			ET ADDRESS - ST-ZIP					
TITLE		☐ Delete	TITLE	·				Change	Addition
NAME			NAM	- 1					
STREET ADDRESS CITY-ST-ZIP				ET ADD RESS -ST-ZIP					
NAME		Delete	TITLE					] Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAM	E				-	_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -SI-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP			<u> </u>		
TITLE		☐ Detete	TITLE	i i			E	Change	☐ Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS					
	certify that the information supplied with	this files does not qualify for		-ST-ZIP	ed in Chapter 110. Floris	de Caetate e I fo	ather a section	-1.45-2-4-	<del></del>

I nereby certify that the information supplied with this liting 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 same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the paceiver 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

Daytime Phone #