2007 LIMITED LIABILITY ©OMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2007 08:00 AM Secretary of State

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1. Entity Name
J.R. SANTAMARIA, LLC



Principal Place of Business

Mailing Address

675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
75-2992355		Not Applicable
E Carifficate of Status Basinad	\$5.00	Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SANTAMARIA, CHRISTOPHER ESQ 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

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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. Tarmanniar with and accept the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANTAMARIA, JESS R 675 ROYAL PALM BACH BLVD. ROYAL PALM BEACH, FL 33411		U00000620098 02/09/07-80022-024 50.00			
TITLE NAME STREET AOORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. IN	THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

SIGNATURE AND TYPES OF PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/31/0

561-793-2350

Daytime Phone #