
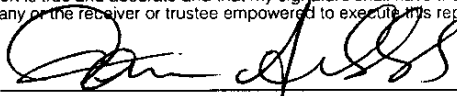


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90199 001 ****55.00

DOCUMENT # L02000030937 1. Entity Name JOSHUA TREE ESTATES LLC					
Principal Place of Business 555 N.E. 15TH STREET, SUITE 7719 MIAMI, FL 33132			Mailing Address C/O L. ALEXANDER CPA 2 STOWE RD, STE. # 2 PEEKSKILL, NY 10566		
2. Principal Place of Business - No P.O. Box 8390 SW 94th St Suite, Apt. #, etc.		3. Mailing Address 8390 SW 94th St Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33156		Zip 33156			
Country USA		Country USA		4. FEI Number 86-1091477	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GIBBS, SALAAM 555 N.E. 15TH STREET, SUITE 7719 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBS, VAN		NAME		
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 7719		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 01/05/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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