


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 037 ****50.00

DOCUMENT # L02000031424	
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1. Entity Name
J3, LLC

Principal Place of Business
9000 ARVIDA DRIVE
CORAL GABLES, FL 33156

Mailing Address
9000 ARVIDA DRIVE
CORAL GABLES, FL 33156

2. Principal Place of Business - No P.O. Box #
11191 SW 60 AVENUE

3. Mailing Address
11191 SW 60 AVENUE



01262007 Chg-LLC CR2E083 (12/06)

City & State
PINECREST, FL

City & State
PINECREST, FL

4. FEI Number
22-3887685

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM D. SOMAN, P.A.
3471 MAIN HIGHWAY, #622
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
WILLIAM D. SOMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
11191 SW 60 AVENUE
City PINECREST FL Zip Code 33156

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 William D. Soman, Pres WILLIAM D. SOMAN, PRES 03-01-07
(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

TITLE
NAME MGRM
STREET ADDRESS SOMAN, JEAN P
CITY-ST-ZIP 3471 MAIN HWY 622
MIAMI, FL 33133 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS SOMAN, WILLIAM D
CITY-ST-ZIP 3471 MAIN HWY 622
MIAMI, FL 33133 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS REITER, JILL S
CITY-ST-ZIP 5820 SW 97 ST
PINECREST, FL 33156 ☐ Delete

TITLE
NAME MGR
STREET ADDRESS SOMAN, JENNIFER L
CITY-ST-ZIP 1330 W. AVE #502
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS SOMAN, JEAN P.
CITY-ST-ZIP 11191 SW 60 AVENUE
PINECREST, FL 33156

TITLE
NAME MGR ☒ Change ☐ Addition
STREET ADDRESS SOMAN, WILLIAM D.
CITY-ST-ZIP 11191 SW 60 AVENUE
PINECREST, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Jean P. Soman JEAN P. SOMAN 03-01-07 (786) 268-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #