


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90431 046 \*\*\*\*50.00

<b>DOCUMENT # L03000026307</b>		
1. Entity Name <b>JUAN CAR INVEST., LLC</b>		

Principal Place of Business <b>5105 N.W. 159TH ST. HIALEAH, FL 33014</b>	Mailing Address <b>5105 N.W. 159TH ST. HIALEAH, FL 33014</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>1581 Brickell Ave. #1201</b>	3. Mailing Address Suite, Apt. #, etc. <b>1581 Brickell Ave., #1201</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33129</b>	Country <b>33129</b>

6. Name and Address of Current Registered Agent <b>MARGOLIS, JOHN A 9990 S.W. 77TH AVE., STE. 330 MIAMI, FL 33156-2661</b>	
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01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0345397</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, CARLOS J 5105 N.W. 159TH ST. HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1581 Brickell Ave., #1201 Miami, FL 33129</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RODRIGUEZ, JUANA D 5105 N.W. 159TH ST. HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1581 Brickell Ave., #1201 Miami, FL 33129</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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.

<b>SIGNATURE:</b> <i>Juana D. Rodriguez</i>	<b>3/28/07 (786-367-0419)</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>