

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032381

Entity Name: JU INVESTMENTS, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

10361 NW 12 PLACE
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

10361 NW 12 PLACE
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 56-2388907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBINA, JOAQUIN F
10361 NW 12 PLACE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

URBINA, JOAQUIN E
860 NW 110 AVE
PLANTATION, FL 33324 US

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.

SIGNATURE: JOAQUIN URBINA

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: URBINA, JOAQUIN F
Address: 10361 NW 12 PLACE
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM () Delete
Name: OTERO DE URBINA, MARIA LUISA
Address: 10361 NW 12 PLACE
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: URBINA, JOAQUIN E
Address: 860 NW 110 AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM (X) Change () Addition
Name: OTERO DE URBINA, MARIA LUISA
Address: 860 NW 110 AVE
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAQUIN URBINA

MR

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date