

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000037478**  
 1. Entity Name  
**JPHG INVESTMENTS & CONSULTING, LLC**



|   |   |
|---|---|
| Principal Place of Business<br><b>9193 SUNSET DRIVE<br/>                 210<br/>                 MIAMI, FL 33173</b> | Mailing Address<br><b>9193 SUNSET DRIVE<br/>                 STE 210<br/>                 MIAMI, FL 33173</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>05-0587913</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**PASTORIZA, JORGE MGR  
 9193 SUNSET DR 210  
 STE 210  
 MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

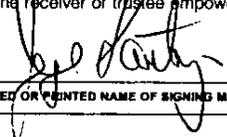
000000583623  
 04/22/08-80021-012 138.75

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>PASTORIZA, JORGE<br/>9193 SUNSET DR, STE 210<br/>MIAMI, FL 33173</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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:**  **4/3/08** **305 595 5558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #