2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 16, 2006 8:00 am Secretary of State

DOCU 1. Entity Nan RJ LLC					02-16-200	06 90140	012 ****50	0.00				
Principal Place of Business 20708 BISCAYNE BLVD AVENTURA, FL 33180			Mailing Address 20708 BISCAYNE BLVD AVENTURA, FL 33180									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv	02082006	Chg-LLC	CR2	E083 (11/05)		
City & State			City & State				4. FEI Numbe			<u> </u>	pplied For at Applicable	
Zip		Country '	Zip	ntry	,	5. Certificate of Status Desired S5.00 Additional Fee Required						
		7. Name and Address of New Registered Agent										
ALVARO (1390 BRIC MIAMI, FL	KELL AV	98., P.A. E., STE. 200	Name Street			CORDOVA, ANGEL D. ddress (P.O. Box Number is Not Acceptable)						
•			City			780 NW 42 nd AVE. #416				□ I Zip Code		
							MIAMI, FL Zip Code 33126 se of egigtered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE												
Fi D	iling Fee ue by Ma	s \$50.00			м			ake check payable to ida Department of State				
9.	·	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIO	NS/CHANGE	S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21055 YA	, RICARDO CHT CLUB DR #1705 RA, FL 33180	☐ Delete	4	E ET ADDRESS	20708	RENO, RIC 8 BISCAYI NTURA, F	NE BLVD.		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delete FASHKA, JACQUELINE 21055 YACHT CLUB DR #1705 AVENTURA, FL 33180				E	20708	FR SKHA, JACQUELINE 08 BISCAYNE BLVD. ENTURA, FL. 33180				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I	AVE	<u>in</u> TURA, P	L. 3318V		☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE	E					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	E .					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.,		Delete		1			,		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: X RICARDO M
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RICARDO MORENO, MGR. 02/08/06

Daylime Phone #