## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

	ANNUA	L REPORT			Secreta	ry of St	ate
DOCU 1. Entity Nam	MENT # L0300004				90374 029 ****5		
JEMICAV	/I II, LLC						
Principal Plac	ce of Business	Mailing Address		_	<b>U</b> U V ~ -		
275 GALEON CT CORAL GABLES, FL 33143		701 BRICKELL AVENUE, SUITE 3000					
CURAL GABL	.E5, FL 33143	MIAMT, FL 33131					
2 Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
		6163 MIAMITARES			E	II BUILI BIDIS IJBER IJIEL IJBEF	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007	Chg-LLC	CR2E083 (12/06	)
City & State		Sity & State LAKES FL		4. FEI Numbe	, PLICABLE		oplied For
Zip	Country	33014	Country C		of Status Desired		Not Applicable
ļ <u>.</u>	6. Name and Address of Currer		<u> ح</u> مر <i>ن</i>		Address of New R	Fee Requir	
			Name	DWARD	GAR	4 . 0	
	ATE REGISTERED AGENT C KELL AVENUE, SUITE 3000	ORPORATION	Street Addre	ss (P.O. Box Numbe	Not Acceptable		DRC
MIAMI, FL				1021	11 Ami	LAKES	VK V
			City /	1 1 10	11	FL Zipsig	de / /
8. The above	e named entity submits this statement	for the purpose of comanging its	registered office or regi	(카제 ( 太식 stered agent, or both	12 E 3 n, in the State of Flo	> >	n, and accept
	tions of registered agent.	1 Muses	- S-				, ,
SIGNATURE	Signature, typed or printed name of registered age	7 / 00					
		NU 3E: (NU 3E:	: Registered Agent signature rec	juired when reinstating)		DATE	
		agano une ii applicable: (NU1E	: Hegistered Agent signature rec	uired when reinstating)	Mak		
FD	iling Fee is \$50.00 lue by May 1, 2007	gard one ii applicable. (NOTE	Hogislered Agent signature rec	uired when reinstating)		e check payable to a Department of Sta	ite
9.	iling Fee is \$50.00		Hogistered Agent signature rec	uired when reinstating)		e check payable to a Department of Sta	ite
9. IIILE	iling Fee is \$50.00 lue by May 1, 2007 MANAGING MEME		10. TIFLE	uired when reinstating)	Florida	e check payable to a Department of Sta	
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9. TITLE NAME STREET ADDRESS	illing Fee is \$50.00 lue by May 1, 2007 MANAGING MEME MGR PADILLA, III, VICTOR M 275 GALEON COURT	BERS/MANAGERS	10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP		Florida ADDITIONS/	e check payable to a Department of Sta CHANGES	Addition
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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 of trustee empowered to execute this profit as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/07

Daytime Phone #