

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028159

FILED
Jul 12, 2005
Secretary of State

Entity Name: JJ INVESTMENT GROUP LLC

Current Principal Place of Business:

8205 LAKE DR #306A
MIAMI, FL 33166

New Principal Place of Business:

3492 FOXCROFT RD
103
MIRAMAR, FL 33025

Current Mailing Address:

8205 LAKE DR #306A
MIAMI, FL 33166

New Mailing Address:

3492 FOXCROFT RD
103
MIRAMAR, FL 33025

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUAMAN, JAMES B
8205 LAKE DR #306A
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

HUAMAN, JAMES B MR
3492 FOXCROFT RD
103
MIRAMAR, FL 33166 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: JAMES HUAMAN

07/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUAMAN, JUAN C
Address: 3390 DOUGLAS RD #103
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM () Delete
Name: HUAMAN, JAMES B
Address: 8205 LAKE DR #306A
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES HUAMAN

CTO

07/12/2005

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