## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L04000029414 1. Entity Name

JF INVESTMENTS HOLDINGS LLC

Principal Place of Business

150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134

Mailing Address

3625 NW 82ND AVE. STE. 201 MIAMI, FL 33166

## **FILED** Mar 01, 2007 08:00 A Secretary of State



02282007 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1273977 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

<u> 205774-1300</u>

Daytime Phone #

6. Name and Address of Current Registered Agent

RODRIQUEZ, JOSE A P.A. 150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

SIGNATURE			
CIGITATIONES	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FI D	lling Fee is \$50.00 ue by May 1, 2007		U00000652602 03/12/07-80024-020 50.00
9.	MANAGING MEMBERS/MANAGERS	,	
NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, FERNANDO 3625 NW 82 AVENUE, SUITE 201 MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,
11. I hereby certify that the information supplied with this filing class por 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 sphature 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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