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Apr 28, 2005 8:00 am
Secretary of State
03-21-2005 90539 011 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000042386

1. Entity Name
JR CHEM, LLC

30004965

Principal Place of Business	Mailing Address
2701 PONCE DE LEON BLVD., STE. 302 C/O MANUEL L. CRESPO, ESQ. CORAL GABLES, FL 33134	2701 PONCE DE LEON BLVD., STE. 302 C/O MANUEL L. CRESPO, ESQ. CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03102005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 76-0789815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRESPO, MANUEL L ESQ
2701 PONCE DE LEON BLVD., STE. 302
CORAL GABLES, FL 33134

address change →

7. Name and Address of New Registered Agent

Name: Crespo, Manuel Crespo, Esq.
Street Address (P.O. Box Number is Not Acceptable): 10765 SW 104 St.
City: Miami FL Zip Code: 33176

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)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	RAMIREZ, JOSE E	
STREET ADDRESS	5601 COLLEGE ROAD, APT. 105	
CITY-ST-ZIP	KEY WEST, FL 33040	

(Five further blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete)

10. ADDITIONS/CHANGES

(Six blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 3/15/05 305-527-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #