
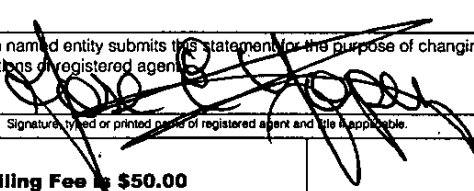
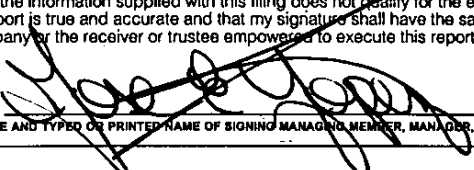


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90200 001 ****50.00

DOCUMENT # L04000047978 1. Entity Name JLO INVESTMENTS II, LLC					
Principal Place of Business 11991 SW 94 STREET MIAMI, FL 33186			Mailing Address 11991 SW 94 STREET MIAMI, FL 33186		
2. Principal Place of Business 14021 S.W. 143 CT		3. Mailing Address 14021 S.W. 143 CT			
Suite, Apt. #, etc. #6		Suite, Apt. #, etc. #6			
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA			
Zip 33186		Country 		Zip 33186	
Country 		Country 			
4. FEI Number NOT APPLICABLE					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOPEZ, JOSE 11991 SW 94 STREET MIAMI, FL 33186					
7. Name and Address of New Registered Agent Name LOPEZ JOSE Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI - FL Zip Code 33186					
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 3/8/06 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JOSE 11991 SW 94 STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ JOSE 14021 S.W. 143 CT #6 MIAMI - FLORIDA 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 3-8-06 (406) 486-0871 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					