2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000047982 1. Entity Name JLO INVESTMENTS III, LLC						03-14-2006 90200 004 ****50.00							
Principal Plac		Mailing Address				20037							
11991 SW 9- MIAMI, FL 33		11991 SW 94 STREET Miami, FL 33186											
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	lace of Business	3. Mailing Address											
Suite, Apt.		1402) J.W. 143 CT Suite, Apt. #, etc.				, (881481)	B.17 BB1(1 B)	SII JUIN BEN			IE 18181 1811E 118	BET HI IBEI	
#6		#6				0203200€	Cr	ig-LLC	CI	R2E08	33 (11/05)		
City & State MIAMIL FLOKIDA		City & State MIAMI - FUORION				4. FEI Number Applied For NOT APPLICABLE Not Applicable							
Zip _	3186 Country	Zip 33186 Country				5. Certificate of Status Desired 55.00 Additional Fee Required							
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent													
LOPEZ. JOSE					Name LOFEE JOJE								
11991 SW	94 STREET		Ī	Street A	Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL	33180		Ī	140) 21	S.W.	143	· CT	#6				
		l	City	MIA	nı -				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 acce													
the obligations of registered agents Signature Signature, typed or organizations of registered agent and ping if all ligitative. (NOTE: Registered Agent signature required when reinstating) On TE													
F! Di									yable to ont of State	•			
9.	MANAGING MEMBER	I RS/MANAGERS	10.		· · · · · · · · · · · · · · · · · · ·			ADDITIO	NS/CHAI	VGES	··· ···		
TITLE	MGRM	☐ Delete	IIILE		MGR						Change	Addition	
NAME STREET ADDRESS	LOPEZ, JOSE 11991 SW 94 STREET		NAME STREET	NAME LOPE DIE STREET ADDRESS 14021 J.W. 143 CT #6									
CITY-ST-ZIP	MIAMI, FL 33186		ST-ZIP	MIAMI- FLORIDA 33186									
title Name		☐ Delete	TITLE NAME								☐ Change	☐ Addition	
STREET ADDRESS				T ADDRESS									
CITY-ST-ZIP			CITY-S	ST-ZIP						<u>-</u>			
TITLE NAME		☐ Delete	TITLE NAME								☐ Change	Addition .	
STREET ADDRESS				T ADDRESS									
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NAME			NAME								change		
STREET ADDRESS City-St-Zip			STREET CITY-S	TADORESS									
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CITY-ST-ZIP			CITY-	ST-ZIP									
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 strature 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 emphasized to execute this report as required by Chapter 608, Florida Statutes.													