2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# L04000057427

Entity Name: JACAMILIN, LLC

Current Principal Place of Business:

3964 E. HIBISCUS ST.
WESTON, FL 33332

New Principal Place of Business:

8353 W SUNRISE BLVD
PLANTATION, FL 33322

Current Mailing Address:

3964 E. HIBISCUS ST.
WESTON, FL 33332

New Mailing Address:

8353 W SUNRISE BLVD
PLANTATION, FL 33322

FEI Number: 20-1657737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORIEGA, ELBA L
3964 E. HIBISCUS ST.
WESTON, FL 33332 US

Name and Address of New Registered Agent:

NORIEGA, ELBA L
8353 W SUNRISE BLVD
PLANTATION, FL 33322 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: JN 03/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NORIEGA, ELBA L PR
Address: 3964 E. HIBISCUS ST.
City-St-Zip: WESTON, FL 33332

Title: MGR ( ) Delete
Name: NORIEGA, JAIRO VP
Address: 3964 E. HIBISCUS ST.
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NORIEGA, ELBA L PR
Address: 8353 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: MGR (X) Change ( ) Addition
Name: NORIEGA, JAIRO VP
Address: 8353 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JN VP 03/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date