2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

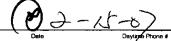
Feb 20, 2007 8:00 am Secretary of State **DOCUMENT #L04000063053** 02-20-2007 90366 022 ***150.00 JENNY & BOYS INVESTMENTS, LLC Principal Place of Business Mailing Address 1535 NW 159 AVENUE 18999 BISCAYNE BLVD 60016805 PEMBROKE PINES, FL 33028 SUITE 205 AVENTURA, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-1605321 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TONG, LI CHING Street Address (P.O. Box Number is Not Acceptable) 1535 NW 159 AVE PEMBROKE PINES, FL 33028 City Zip Code 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 obtigations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition TONG, LI CHING NAME NAME STREET ADDRESS 1535 NW 159 AVE STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZIP CITY-ST-7IP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUANG, WEN ZHONG NAME NAME STREET ADDRESS 1535 NW 159 AVE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33028 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITSE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7P



FILED