

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90239 038 ****50.00

DOCUMENT # L04000071304					
1. Entity Name JAT DEVELOPMENT GROUP, LLC					
Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131			Mailing Address 200 S. BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVENUE, SUITE 100 AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGR MITROPOULOS, TAKIS 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AREVALO, JORGE 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIGNARELO, ARMANDO 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIGNARELO, ARMANDO 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIGNARELO, ARMANDO 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIGNARELO, ARMANDO 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIGNARELO, ARMANDO 200 S. BISCAYNE BLVD., SUITE 2730 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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: <u>Jorge Arevalo</u> <u>3/19/06</u> <u>305-59-5700</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					