

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079319

Entity Name: J & J @ 10736 L.L.C.

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

16215 SW 117 AVE  
MIAMI, FL 33177

**New Principal Place of Business:**

16687 SW 117 AVE  
MIAMI, FL 33177

**Current Mailing Address:**

16215 SW 117 AVE  
MIAMI, FL 33177

**New Mailing Address:**

16687 SW 117 AVE  
MIAMI, FL 33177

FEI Number: 20-1829611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, OSVALDO J  
7951 SW 40TH STREET  
SUITE 206  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARIAS, JUAN O  
Address: 16215 SW 117 AVE  
City-St-Zip: MIAMI, FL 33177

Title: MGRM ( ) Delete  
Name: ARIAS, JESSICA O  
Address: 16215 SW 117 AVE  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARIAS, JUAN O  
Address: 16687 SW 117 AVE  
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Change ( ) Addition  
Name: ARIAS, JESSICA O  
Address: 16687 SW 117 AVE  
City-St-Zip: MIAMI, FL 33177

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: JESSICA ARIAS

MGRM

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date