2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2008
Secretary of State

DOCUMENT# L04000079319

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

Current Principal Place of Business:

16687 SW 117 AVE
MIAMI, FL 33177

New Principal Place of Business:

16215 SW 117 AVENUE
MIAMI, FL 33177

Current Mailing Address:

16687 SW 117 AVE
MIAMI, FL 33177

New Mailing Address:

16215 SW 117 AVENUE
MIAMI, FL 33177

FEI Number: 20-1829611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: 16687 SW 117 AVE
City-St-Zip: MIAMI, FL 33177

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARIAS, JUAN O
Address: 16215 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Change ( ) Addition
Name: ARIAS, JESSICA O
Address: 16215 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify 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 09/09/2008

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