2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079644



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Daytime Phone #

JC & MC REAL ESTATE INVESTMENTS LLC				05 OCT 24 AM 10: 47
Principal Place of Business Mailing Address 6900-29 DANIELS PARKWAY #160 6900-29 DANIELS PARK FORT MYERS, FL 33912 FORT MYERS, FL 3391				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08122005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
. Zip	Country	Zip	Country .	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	A1	7. Name and Address of New Registered Agent
CRUZ, LOIDDA			Name *	
8730 PENZANCE BLVD FT. MYERS, FL 33912		Street Address	s (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 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 September 7, 2005 Make check payable to Florida Department of State				
9.	MANAGING MEMB	ERS/MANAGERS	- 10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Detete	TITLE	Change Addition
NAME	CRUZ, JUAN		NAME	700060998777 10/24/0501062002 ***55.00
STREET ADORESS CITY-ST-ZIP	6900-29 DANIELS PARKWAY #160 FORT MYERS, FL 33912		STREET ADDRESS CITY-ST-ZIP	10/24/0501062002 **55.00
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRUZ, LOIDA 6900-29 DANIELS PARKWAY #160		NAME	/
STREET ADDRESS CITY-ST-ZIP	FORT MYERS, FL 33912	100	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Detete	TITLE	REINSTATEMENT COMPANIE
NAME		L Delete	NAME	EVENADO TE A II ENVIRONDE
STREET ADDRESS			STREET ADDRESS	HANNING IN BO -
CITY-ST-ZiP			· CITY-SI-ZIP	.U 8L
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME .	·
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				Change Addition
TITLE NAME		☐ Delete	TITLE NAME	. Change Addition
STREET ADDRESS		•	STREET ADDRESS	•
CITY-ST-ZIP			CITY - ST - ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP	_		STREET ADORESS CITY-ST-ZIP	
11. I hereby	1 certify that the information supplied wi	th this filing does not qualify fo	r the exemption stated in	Section 119.07(3)(i), 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: X OAS (AL) 10140 CAUS 1017/05 239 4624819				

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE