
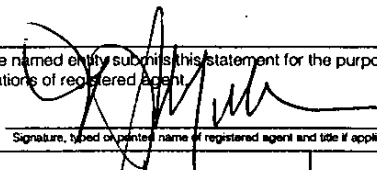
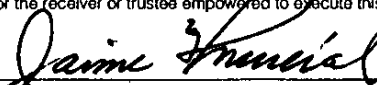


FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90022 045 ****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | | | |
|---|---------------------------------|---------------------|--|---|-----------------------------|
| DOCUMENT # L04000083338 | | | |  | |
| 1. Entity Name JAMIFAM COMPANY, LLC | | | | | |
| Principal Place of Business C/O MR. JAIME MURCIA 2 GROVE ISLE DRIVE, UNIT 1009 MIAMI, FL 33133 | | | Mailing Address C/O MR. JAIME MURCIA 2 GROVE ISLE DRIVE, UNIT 1009 MIAMI, FL 33133 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04012005 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 20-1920120 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | |
| MULLIN, TERRANCE J ESQ C/O BRODSKY & MULLIN, P.A. 3059 GRAND AVENUE, SUITE 340 MIAMI, FL 33133 | | | Name MULLIN, TERRANCE J ESQ. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) TERRANCE J. MULLIN, P.A. | | |
| | | | 150 SE 2ND AVE STE 1201 | | |
| | | | City MIAMI | | Zip Code FL 33131 |
| 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  | | | | DATE 4-4-05 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State. | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | MANAGING MEMBER JAIME A. MURCIA 2 GROVE ISLE DRIVE, UNIT 1009 MIAMI, FL 33133 | | |
| | | | MANAGING MEMBER ISABEL MURCIA 2 GROVE ISLE DRIVE, UNIT 1009 MIAMI, FL 33133 | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for 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:  | | | MANAGING MEMBER | | Date 4/05/05 |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | Daytime Phone # |