

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90067 042 ****50.00

DOCUMENT # L04000090444

1. Entity Name

J.R.E. PROPERTIES, LLC



Principal Place of Business

1470 N.W. 107TH AVENUE STE P
MIAMI FL 33172

Mailing Address

1470 N.W. 107TH AVENUE STE P
MIAMI FL 33172

2. Principal Place of Business

1921 N.W. 108 Avenue

3. Mailing Address

1921 N.W. 108 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

4. FEI Number

20-2035645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, PATRICIA Q ESQ
815 N.W. 57TH AVENUE STE. 405
MIAMI FL 33126

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ESPINOSA, JOSE R JR
STREET ADDRESS 9855 S.W. 89TH COURT
CITY - ST - ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01-19-06 (305) 594-0882