


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90008 001 ****50.00

DOCUMENT # L04000094100
 1. Entry Name
JAR INVESTMENT, LLC



Principal Place of Business
**6300 N.E. 1ST AVENUE
 SUITE 300
 FORT LAUDERDALE, FL 33334**

Mailing Address
**6300 N.E. 1ST AVENUE
 SUITE 300
 FORT LAUDERDALE, FL 33334**

30010415



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04202008 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**SADER, ROBERT L
 1901 W. CYPRESS CREEK ROAD
 SUITE 415
 FORT LAUDERDALE, FL 33309**

4. FEI Number
20-2962920

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	JOHN A. ROSCHMAN REV. TRUST AGR.	6300 N.E. 1ST AVENUE, SUITE 300	FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

MANAGIAL MEMBER

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	T.L.R + V REAL ESTATE LP	6300 NE 1ST AVENUE 300 FL	FORT LAUDERDALE FL 33334	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #