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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

02-26-2007 90306 020 ****50.00

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1. Entity Name
JIGCO, LLC

Principal Place of Business	Mailing Address
6310 2ND STREET KEY WEST, FL 33040	6310 2ND STREET KEY WEST, FL 33040

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	212 KEY HAVEN RD Suite, Apt. #, etc.
City & State	City & State KEY WEST FL
Zip / Country	Zip 33040 / Country USA

02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 20-2401102 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410	Name JAVIER GARRIDO Street Address (P.O. Box Number is Not Acceptable) 212 KEY HAVEN RD KEY WEST FL 33040 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: Javier Garrido JAVIER GARRIDO PRES. 2/17/07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRIDO, JAVIER I 6310 2ND STREET KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Javier Garrido 2/17/07 3057665284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JAVIER GARRIDO
PRESIDENT