


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90012 042 ***138.75

DOCUMENT # L05000021065	
1. Entity Name JJV INVESTMENTS, LLC	

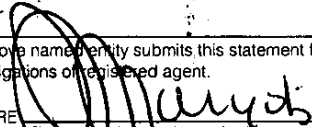
Principal Place of Business - 9990 S.W. 77TH AVENUE MIAMI, FL 33156-2661	Mailing Address SIATE 300 9990 SW 77 AVE MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box # 1533 Sunset Drive Suite, Apt. #, etc. Suite 225 City & State Coral Gables, FL Zip 33143 Country US	3. Mailing Address 1533 Sunset Drive Suite, Apt. #, etc. Suite 225 City & State Coral Gables, FL Zip 33143 Country US
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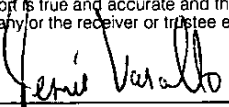


04072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 SW 77TH AVENUE, SUITE 330 MIAMI, FL 33156-2661		7. Name and Address of New Registered Agent Name Jennifer A. Margolis, Esq. Street Address (P.O. Box Number is Not Acceptable) 1533 Sunset Drive, Ste. 225 City Coral Gables FL Zip Code 33143	
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  Jennifer Margolis, attorney DATE 4-22-08			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASALLO, JESUS 4049 BROADWAY, APT. 257 NEW YORK, NY 10032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VASALLO, JOSE 2441 S.W. 14TH STREET MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 	JESUS VASSALLO	4/15/08	(305) 423-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #