



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90025 028 ****50.00

DOCUMENT # L05000030344					
1. Entity Name J.A. RIVERA LLC					
Principal Place of Business 10836 CRESCENT RIDGE LOOP CLERMONT, FL 34711			Mailing Address 10836 CRESCENT RIDGE LOOP CLERMONT, FL 34711		
2. Principal Place of Business 824 Berwick Drive Suite, Apt. #, etc.		3. Mailing Address 717 East Oak Street Suite, Apt. #, etc.			
City & State Davenport, FL		City & State Kissimmee, FL		4. FEI Number 41-2172650	
Zip 33897		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, JOSE 10836 CRESCENT RIDGE LOOP CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 824 Berwick Drive City Davenport FL Zip Code 33897		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIVERA, JOSE 10836 CRESCENT RIDGE LOOP CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	824 Berwick Drive Davenport, FL 33897
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: _____				Date 4/15/06 Daytime Phone #	