2008 LIMITED LIABILITY COMPANY

Feb 27, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # L05000032390** 1. Entity Name EL DORADO ESTATE JASMINE LLC Principal Place of Business Mailing Address 7808 BRACKEN DRIVE 1055 PALAMA WAY PORT RICHEY, 34668 LANTANA, FL 33462 02162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0894315 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALJURE-GARCIA, AGUSTIN DO NOT WRITE 1055 PALAMA WAY LANTANA, FL 33462 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME ALJURE-GARCIA, AGUSTIN STREET ADDRESS 1055 PALAMA WAY LANTANA, FL 33462 CITY-ST-ZIP MGRM TITLE ALJURE, LIJANNA ~U000000841450\ NAME STREET ADDRESS 1055 PALAMA WAY >03/40/08÷80019+001>138.75 CITY-ST-ZIP LANTANA, FL 33462 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the same legal effect as if made under oath; that I am a managing member or manager of the pred to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sup yot qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and aclimited liability company or the receive

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED N

GING MEMBER, OR AUTHORIZED REPRESENTATIVE

02.16.08

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