

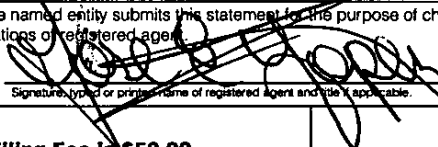



FILED
Mar 14, 2006 8:00 am
Secretary of State

20015811

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|--|--|---|--|--|--|
| DOCUMENT # L05000039278 | |  | | 03-14-2006 90203 039 ****50.00 | |
| 1. Entity Name JCC 1 INVESTMENTS, LLC | | | | | |
| Principal Place of Business 406 S.W. 1ST STREET FL CITY, FL 33034 | | Mailing Address 406 S.W. 1ST STREET FL CITY, FL 33034 | | 20015811 | |
| 2. Principal Place of Business 14021 S.W. 143 CT | | 3. Mailing Address 14021 S.W. 143 CT | |  | |
| Suite, Apt. #, etc. #6 | | Suite, Apt. #, etc. #6 | | 02032006 Chg-LLC CR2E083 (11/05) | |
| City & State MIAMI-FLORIDA | | City & State MIAMI-FLORIDA | | 4. FEI Number 20-2874332 | |
| Zip 33186 | | Zip 33186 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JESSICA NOGUES, P.A. 100 ALMERIA AVENUE, #302 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Lopez Jose Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT. #6 City MIAMI FL Zip Code 33186 | | |
| 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  Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) | | | DATE 3/8/06 | | |
| 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 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| <input type="checkbox"/> Delete | | | <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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 3-8-06 (786) 486-6871 Date Daytime Phone # | | |