

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 036 ****55.00

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03152006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000042249 1. Entity Name JS MARVEL REAL ESTATE INVESTMENT, LLC																			
Principal Place of Business 1800 SANS SOUCI STATES, SUITE #127 NORTH MIAMI, FL 33181		Mailing Address 1800 SANS SOUCI STATES, SUITE #127 NORTH MIAMI, FL 33181																	
2. Principal Place of Business 825 NE 147 ST		3. Mailing Address 825 NE 147 ST																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																	
City & State N. MIAMI, FL		City & State N. MIAMI, FL																	
Zip 33161		Zip 33161																	
Country US		Country US																	
4. FEI Number 87-0744158		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent SIMEON, MALAINE 1800 SANS SOUCI STATES, SUITE #127 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name SIMEON, MALAINE Street Address (P.O. Box Number is Not Acceptable) 825 NE 147 ST. City N. MIAMI FL Zip Code 33161																	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td>MGR: JEFFERY SIMEON</td> </tr> <tr> <td>STREET ADDRESS</td> <td>825 NE 147 ST</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N. MIAMI, FL 33161</td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MGR: JEFFERY SIMEON	STREET ADDRESS	825 NE 147 ST	CITY - ST - ZIP	N. MIAMI, FL 33161
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-26-06 <small>Daytime Phone #</small>																	