


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000044256</b> 1. Entity Name <b>JARDIN HOLDINGS, LLC</b>	
---	---

Principal Place of Business <b>17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33326</b>	Mailing Address <b>17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33326</b>
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2888255</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GUIITIAN, ISRAEL JR 17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33326</b>
---

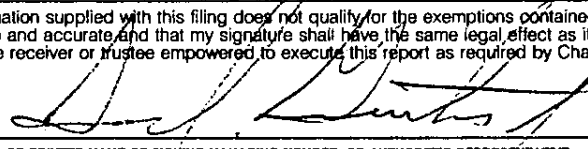
<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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) DATE</small>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUIITIAN, ISRAEL JR. 17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATTA, RICARDO 17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUIITIAN, MARIAELENA 17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATTA, TAVA L 17150 ROYAL PALM BLVD SUITE 4 WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000786562 01/17/08-80047-001 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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.
<b>SIGNATURE:</b> <i>X</i>  <i>X</i> <b>11/14/08</b> <b>954-389-8450</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>