


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 017 ****50.00

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| DOCUMENT # L05000044715 |  |
| 1. Entity Name JLV INVESTMENTS AT LAKE CHASE, LLC | |

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| Principal Place of Business 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016 | Mailing Address 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD | 3. Mailing Address 6500 COWPEN ROAD |
| Suite, Apt. #, etc. #302 | Suite, Apt. #, etc. #302 |
| City & State MIAMI LAKES, FL | City & State MIAMI LAKES, FL |
| Zip 33014 | Country USA |

40070160



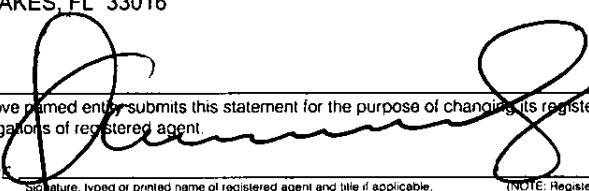
04132007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 54-2185855 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GASTESI, RAUL JR. 8105 N.W. 155TH STREET MIAMI LAKES, FL 33016 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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  DATE 4/16/07 |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VAZQUEZ, JAVIER L 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VALIENTE, ADA 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 COWPEN ROAD, #302 MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6500 COWPEN ROAD, #302 MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

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|---|---------------------|---------------------------------------|
| SIGNATURE:  | Date 4/16/07 | Daytime Phone # (305) 825-7080 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |