


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90180 017 ****50.00

DOCUMENT # L05000060296

1. Entity Name
JIGS PROPERTIES, LLC



Principal Place of Business Mailing Address
 2100 PONCE DE LEON BLVD. 2100 PONCE DE LEON BLVD.
 SUITE #601 SUITE #601
 MIAMI, FL 33134 MIAMI, FL 33134

60016034



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-3021858 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-SARRAFF, JORGE T
 2100 PONCE DE LEON BLVD. #601
 MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name **GARCIA-SARRAFF, JORGE**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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]* DATE **2-13-07**

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GARCIA-SARRAFF, JORGE	
STREET ADDRESS	2100 PONCE DE LEON BLVD.	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GARCIA-SARRAFF, SUSAN	
STREET ADDRESS	2100 PONCE DE LEON BLVD. #601	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2100 Ponce de Leon Blvd Suite #601	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA-SARRAFF, SUSAN	
STREET ADDRESS	2100 PONCE DE LEON BLVD SUITE #601	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE **2-13-07** DAYTIME PHONE # **305-445-0885**

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #