2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064506

Entity Name
 JAY-ARL HOLDINGS, L.L.C.



FILED Jan 25, 2007 08:00 AN Secretary of State

Principal Place of Business

121 ALHAMBRA PLAZA, 10TH FLOOR MIAMI, FL 33134 Mailing Address

121 ALHAMBRA PLAZA, 10TH FLOOR MIAMI, FL 33134



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and this if applicable

CAHAN, RICHARD J.A. ESQ. C/O BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, 10TH FLOOR MIAMI, FL 33134

DO	NC	T V	۷RI	ŤΕ
₹IN	THI	SS	PA	CE

	The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.	ffice or registered agent, o	or both, in the State of Florida.	I am familiar with, and acco	∍pt
Sit	GNATURE		·		

(NOTE Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, AIZIK 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STHEET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this filling does not qualify for the ex		

DO NOT WRITE IN THIS SPACE

as and highermore addition that have me to be a construction

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or purples empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-19-07

+86-308-3+0

Daytin