

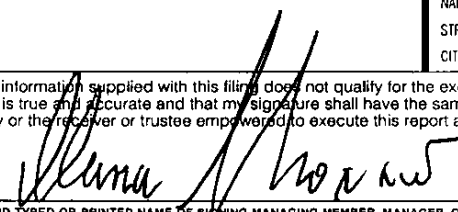


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90166 039 \*\*\*\*50.00

<b>DOCUMENT # L05000080509</b> 1. Entity Name <b>J.I. VENTURES, LLC</b>					
Principal Place of Business <b>C/O I.D.M. MANAGEMENT, INC.</b> <b>1130-B EAST HALLANDALE BEACH BLVD.</b> <b>HALLANDALE BEACH, FL 33009</b>			Mailing Address <b>C/O I.D.M. MANAGEMENT, INC.</b> <b>1130-B EAST HALLANDALE BEACH BLVD.</b> <b>HALLANDALE BEACH, FL 33009</b>		
2. Principal Place of Business - No P.O. Box <b>5900 Stirling Rd</b> Suite, Apt. #, etc. <b>#96</b> City & State <b>Hollywood FL</b> Zip <b>33021</b>		3. Mailing Address <b>5900 Stirling Rd</b> Suite, Apt. #, etc. <b>96</b> City & State <b>Hollywood FL</b> Zip <b>33021</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0833877</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROBERTS, NORMAN T ESQUIRE</b> <b>50 WEST MASHTA DRIVE, SUITE 4</b> <b>KEY BISCAYNE, FL 33149</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MORROW, ILANA</b> <b>1130-B EAST HALLANDALE BEACH BLVD.</b> <b>HALLANDALE BEACH, FL 33009</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <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.					
<b>SIGNATURE:</b> 			Date <b>3/21/07</b> Daytime Phone # <b>9549890274</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					