

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088144

Entity Name: JORINACI, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

1201 S. OCEAN DR.  
APT. 1607 S  
HOLLYWOOD, FL 33019

## New Principal Place of Business:

## Current Mailing Address:

300 SEVILLA AVENUE  
SUITE 201  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-4403646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALONSO & GARCIA, P.A.  
300 SEVILLA AVENUE  
SUITE 201  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC  
300 SEVILLA AVENUE  
SUITE 201  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: DOMINGO ALONSO

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CIELAK, CARLOS  
Address: 1201 S. OCEAN DR. APT. 1607 S  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete  
Name: K. DE CIELAK, LILIAN  
Address: 1201 S. OCEAN DR. APT. 1607 S  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS CIELAK

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date