2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# L05000089612

Entity Name: JSP REALTY INVESTMENTS, LLC

Current Principal Place of Business:

11145 SW 6TH STREET
APT 203
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

11145 SW 6TH STREET
APT 203
PEMBROKE PINES, FL 33025 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, JOSE R
11145 SW 6TH STREET , APT 203
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEREZ, JOSE R
Address: 11145 SW 6TH STREET , APT 203
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM ( ) Delete
Name: PEREZ, SHARON
Address: 11145 SW 6TH STREET, APT 203
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM ( ) Delete
Name: GARCIA, DAVID H
Address: 456 WATERCREST STREET
City-St-Zip: SEBASTIAN, FL 32958 US

ADDITIONS/CHANGES:

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

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: JOSE R PEREZ MGRM 01/30/2006

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