

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089612

FILED
Mar 01, 2007
Secretary of State

Entity Name: JSP REALTY INVESTMENTS, LLC

Current Principal Place of Business:

23902 SW 107TH CT
HOMESTEAD, FL 33032 US

New Principal Place of Business:

23902 SW 107TH CT
MIAMI, FL 33032 US

Current Mailing Address:

23902 SW 107TH CT
HOMESTEAD, FL 33032 US

New Mailing Address:

P.O. BOX 821085
PEMBROKE PINES, FL 33082 US

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:

PEREZ, JOSE R
23902 SW 107TH CT
MIAMI, FL 33032 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: JOSE R PEREZ

03/01/2007

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ, JOSE R
Address: 23902 SW 107TH CT
City-St-Zip: MIAMI, FL 33032 US

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

03/01/2007

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