


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90181 034 \*\*\*\*50.00

<b>DOCUMENT # L05000094612</b>																																																																	
1. Entity Name JOP, L.L.C.																																																																	
Principal Place of Business 1575 S.W. 1 STREET MIAMI, FL 3135			Mailing Address 1575 S.W. 1 STREET MIAMI, FL 3135																																																														
2. Principal Place of Business			3. Mailing Address																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																														
City & State			City & State																																																														
Zip		Country	Zip		Country																																																												
4. PEI Number			03172006    Chg-LLC    CR2E083 (11/05) <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																														
5. Certificate of Status Desired			<input type="checkbox"/> \$5.00 Additional Fee Required																																																														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																													
PADRON, JORGE L 1575 S.W. 1 STREET MIAMI, FL 3135 33135				Name																																																													
				Street Address (P.O. Box Number is Not Acceptable)																																																													
				City																																																													
				FL    Zip Code																																																													
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>9. MANAGING MEMBERS/MANAGERS</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>JOSE O. PADRON (MGR)</td> <td>1335 N. VENETIAN WAY</td> <td>MIAMI FL. 33139</td> <td></td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> <p><b>10. ADDITIONS/CHANGES</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td>NAME</td><td>STREET ADDRESS</td><td>CITY-ST-ZIP</td><td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		JOSE O. PADRON (MGR)	1335 N. VENETIAN WAY	MIAMI FL. 33139		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
	JOSE O. PADRON (MGR)	1335 N. VENETIAN WAY	MIAMI FL. 33139																																																														
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																													
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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 606, Florida Statutes.																																																																	
SIGNATURE: <u>Jose O. Padron</u> 3/17/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																	



ATTACHMENT

30009465

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2006

JOP, L.L.C.  
1575 S.W. 1 STREET  
MIAMI, FL 3135

Subject: JOP, L.L.C.

Reference Number: L05000094612

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION

\*Amended Copy  
Attached.

No FEIN # as this  
is filed under the social security #.  
sole members Maria A. spoke to:  
Joey (only Joey in  
the Bldg.)  
5/30/06  
2:50pm  
\* mark N/A for  
FEIN #.