

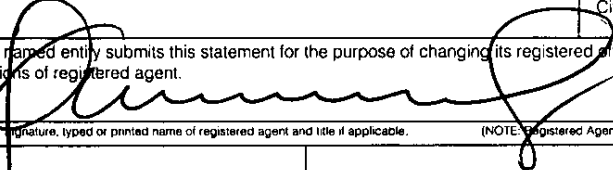


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90032 018 ****50.00

DOCUMENT # L05000102100 1. Entity Name JV INVESTMENTS AT THREE M, LLC					
Principal Place of Business 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016			Mailing Address 8061 N.W. 155TH STREET MIAMI LAKES, FL 33016		
2. Principal Place of Business - No P.O. Box # 6500 COWPEN ROAD Suite, Apt. #, etc. # 302 City & State MIAMI LAKES, FL Zip 33014 Country USA		3. Mailing Address 6500 COWPEN ROAD Suite, Apt. #, etc. # 302 City & State MIAMI LAKES, FL Zip 33014 Country USA		40070100  04132007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-4580243 Applied For <input 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 GASTESI, RAUL JR 8105 N.W. 155TH STREET MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent 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  DATE 4/16/07 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAZQUEX, JAVIER L 8061 NW 155 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAZQUEZ, JAVIER L. 6500 COWPEN ROAD, #302 MIAMI LAKES, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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"/> 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"/> Delete			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 redever or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: 				4/16/07 (305) 825-7080 <small>Date Daytime Phone #</small>	