
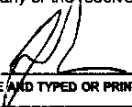


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90048 007 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L05000102319</b><br>1. Entity Name<br><b>J.I.R. INVESTMENTS, LLC</b>   |  |  |  |    |  |
| Principal Place of Business<br><b>14631 SW 10TH STREET<br/>MIAMI, FL 33184</b>   |  |  | Mailing Address<br><b>14631 SW 10TH STREET<br/>MIAMI, FL 33184</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                             |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                            |  |   |  |
| City & State   |  | City & State                                   |  |   |  |
| Zip  |  | Country  |  | Zip   |  |
|  |  |  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MARQUEZ, MARCELO-ROBAINA, P.A.<br/>6303 BLUE LAGOON DRIVE, SUITE 390<br/>MIAMI, FL 33126-6005</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |  |   |  |
| <b>Filing Fee Is \$50.00<br/>Due by May 1, 2006</b>  |  |  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>PRASERTLUM, JIRASAK<br/>14631 SW 10TH STREET<br/>MIAMI, FL 33184</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>RODRIGUEZ, RICARDO TOMAS<br/>14631 SW 10TH STREET<br/>MIAMI, FL 33184</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>RICARDO TOMAS RODRIGUEZ<br/>15101 FALKIRK PL<br/>MIAMI LAKES 33066</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>RAMIREZ, ILEANA<br/>10440 SW 20TH STREET<br/>MIAMI, FL 33165</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes. |  |  |  |   |  |
| <b>SIGNATURE:</b>  <b>JIRASAK PRASERTLUM</b> <span style="float: right;">1-20-06 (954) 986-9281</span>  |  |  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____   |  |  |  |   |  |