## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** DOCUMENT #1.05000110627



**FILED** Apr 24, 2006 8:00 am Secretary of State

1. Entity Name J&L BARRIOS INVESTMENTS, LLC.						04-24-2006	90058 0	15 ******3(	J.00	
Principal Place of Business 2307 S DOUGLAS ROAD 400 MIAMI, FL 33145 US			Mailing Address 2307 S DOUGLAS ROAD 400 MIAMI, FL 33145 US			ina imina na na Triponose		 		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006	Chg-LLC		83 (11/05)			
City & State		City & State		4. FEI Numb	379048	8		plied For t Applicable		
Zip Country		Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
OVIES, EDUARDO E			Name							
2307 S DOUGLAS ROAD 400				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145									· · · · · · · · · · · · · · · · · · ·	
			City					FL	Zip Code	<b>∍</b>
8. The above the obligati	named entity submits ions of registered age	s this statement for ent.	the purpose of changing	its register	red office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed no	ame of registered agent a	nd title if applicable. (N	OTE: Registere	ed Agent signature requ	uired when reinstating)		DATE		<del></del>
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State			
Fi	ling Fee is \$50.	00 06						-	_	<b>.</b>
Fi	ling Fee is \$50. ue by May 1, 20	00 06 WAGING MEMBEI	RS/MANAGERS	10.				a Departm	ent of State	•
9.	ling Fee is \$50. ue by May 1, 20 MA	NAGING MEMBE	RS/MANAGERS	TITL	LE		Florida	a Departm	ent of State	⊋ Addition
Fi Do	ling Fee is \$50. ue by May 1, 20	NAGING MEMBER		TITL	LE		Florida	a Departm	ent of State	
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9.  ISTLE NAME STREET ADDRESS CITY-ST-ZIP	MARRIOS, JUAN 2307 S DOUGLA: MIAMI, FL 33145 MGR BARRIOS, LARR	OG WAGING MEMBER C S ROAD #400	☐ Delete	TITL NAM STRI CITY TITL NAM	LE ME LEET ADDRESS Y-ST-ZIP LE		Florida	a Departm	Change	Addition
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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.

JUAN C. BARRIGE SIGNATURE:

SIGNATURE AND THE DOT PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-21-06 (305)592-2797