

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

04-26-2007 90034 037 ***150.00

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01292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000110627 1. Entity Name J&L BARRIOS INVESTMENTS, LLC.					
Principal Place of Business 2307 S DOUGLAS ROAD 400 MIAMI, FL 33145 US			Mailing Address 2307 S DOUGLAS ROAD 400 MIAMI, FL 33145 US		
2. Principal Place of Business - No P.O. Box # 14900 NW 24 CT.		3. Mailing Address 2307 S Douglas Rd.			
Suite, Apt. #, etc. Bay 4		Suite, Apt. #, etc. Suite 400			
City & State Opalocka, FL.		City & State Miami, FL			
Zip 33054		Country 33145		4. FEI Number 20-3790488	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OVIES, EDUARDO E 2307 S DOUGLAS ROAD 400 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	MGR BARRIOS, JUAN C 2307 S DOUGLAS ROAD #400 MIAMI, FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRIOS, LARRY 2307 S DOUGLAS ROAD #400 MIAMI, FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
SIGNATURE:			4-23-07 (305) 953-4418		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		