2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 25, 2007 8:00 am Secretary of State

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DOCUI 1. Entity Nam J & L ENT	10	#L0600000	0159				05-10-2007	7 90420 (0130	.00
Principal Place of Business 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801			Maiiing Address 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801			LABRIEL E	30011181			
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State		4. FEi Numb	° 20-482	0130		olied For Applicable	
Zip		Country	Zip	Coun	itry	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Currer	nt Registered Agent		<u> </u>	7. Name and	Address of New	Registered	Agent	
LUTHRA, VIJAY K 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801					Name Street Addre	ess (P.O. Box Numb	er is Not Acceptal	ble)		
					City			Fl	Zip Code)
	named entititions of regist		for the purpose of changing it	s register	ed office or reg	gistered agent, or bo	oth, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered ago	nt and site if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)		DATE		
Filing Fee is \$50,00 Due by May 1, 2007							Make check payable to Florida Department of State			•
9.		MANAGING MEMI	BERS/MANAGERS	10.			ADDITION	S/CHANGE	s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ſ	VIJAY K H SUMMERLIN AVEI O, FL 32801	☐ Delete	- 1	EET ADDRESS 2	IGR othra Vitay 7 North Si	THUEVI'N \	Rita Ave	Change	Addition
TITLE NAME STREET ADDRESS CITY-STAZIP	OKLAND	0,112 32001	☐ Delete	TITL	ı N ₩	<u>)rlando, F</u> GR AFFER, SA	LiQUE. A		Change	Addition
0111-01-211	1					7 North Su		VE.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CHY THTL NAM STAR	E C	7 North Su Irlando, FL	ннеліп А <u>32801 </u>	VE . 	Change	☐ Addition
NAME STREET ADDRESS			☐ Delete	CHTY THTL NAM STAR CHTY THTL NAM STRE	(-ST-ZIP C E AE EEF ADDRESS (-ST-ZIP	7 North Su		VE .	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				CHYPTITIL NAM STAIR CHYPTITIL NAM STRIP CHYPTITIL NAM STRIP CHYPTITIL NAM STRIP STRIP STRIP STRIP CHYPTITIL NAM STRIP CHYPTITIL CHYPTITIL NAM STRIP CHYPTITIL CHYPTITI	E AE AE EET ADDRESSST-ZIP E AE EET ADDRESS /-ST-ZIP E AE EET ADDRESS /-ST-ZIP E	7 North Su		VE .		

11. I hereby certify that the information supplied with this filling 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:

MAND CINE NUM 3 TA

SIGNATURE AND TYPED OR PRINTED TAME OF MINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SADIQUE JAFFER

Daytime Phone #