


FILED
Apr 13, 2007 8:00 am
Secretary of State

04-02-2007 90432 036 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000006173			
1. Entity Name JRC GROUP, LLC			
Principal Place of Business 4141 NE 2ND AVE STE 116 MIAMI, FL 33137		Mailing Address 4141 NE 2ND AVE STE 116 MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 4980 NW 165 Street		3. Mailing Address P O BOX 371101	
Suits, Apt. #, etc. Unit A 18		Suits Apt. #, etc.	
City & State Miami, FL 33014		City & State Miami, FL	
Zip 33014	Country Dade	Zip 33137	Country Dade
6. Name and Address of Current Registered Agent CASEY, LIONEL 10610 NE 11TH AVE MIAMI SHORES, FL 33138		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State FL		State FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when applicable)			
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 CASEY, LIONEL 10610 NE 11TH AVE MIAMI SHORES, FL 33138 <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
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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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.			
SIGNATURE: <i>Lionel R Casey</i>		Date: 3/28/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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03232007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4128483** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required