2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L06000008536

Entity Name: JJA HOLDINGS, LLC

Current Principal Place of Business:

4960 S.W. 72ND AVE
#209
MIAMI, FL 33155

New Principal Place of Business:

4960 S.W. 72ND AVE
#308
MIAMI, FL 33155

Current Mailing Address:

4960 SW 72ND AVENUE
#209
MIAMI, FL 33155

New Mailing Address:

4960 S.W. 72ND AVE
#308
MIAMI, FL 33155

FEI Number: 20-4728447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, AFELIA
4960 SW 72 AVE STE 209
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ALVAREZ, AFELIA
4960 SW 72 AVE STE 308
MIAMI, FL 33155 US

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.

SIGNATURE: 02/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARMAS, JOSE
Address: 4960 SW 72ND AVE, 209
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete
Name: ARMAS, ADA G
Address: 4960 SW 72ND AVE, 209
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARMAS, JOSE
Address: 4960 SW 72ND AVE, 308
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change ( ) Addition
Name: ARMAS, ADA G
Address: 4960 SW 72ND AVE, 308
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OFELIA ALVAREZ MGR 02/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date