

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009067

Entity Name: JFTR, L.L.C.

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

2229 PASADENA WAY
WESTON, FL 33327

New Principal Place of Business:

687 LIVE OAK LANE
WESTON, FL 33327

Current Mailing Address:

2229 PASADENA WAY
WESTON, FL 33327

New Mailing Address:

687 LIVE OAK LANE
WESTON, FL 33327

FEI Number: 20-4192522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, JOSE
2229 PASADENA WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

TRUJILLO, JOSE
687 LIVE OAK LANE
WESTON, FL 33327 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: JOSE TRUJILLO

01/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUJILLO, JOSE
Address: 2229 PASADENA WAY
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: RIBADENEIRA, FABIOLA
Address: 2229 PASADENA WAY
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRUJILLO, JOSE
Address: 687 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

Title: MGRM (X) Change () Addition
Name: RIBADENEIRA, FABIOLA
Address: 687 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE TRUJILLO

MGRM

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date