2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State

DOCUMENT # L06000009 1. Entity Name JEWEL APARTMENTS GROUP, LLC		03-12-2008 90238 019 ***138.75					
Principal Place of Business	Mailing Address		ີ 60	014182	•		
6500 COWPEN ROAD 202	6500 COWPEN ROAD 202			VOTITUE	t		
MIAMI LAKES, FL 33014	MIAMI LAKES, FL 3301	4		I OCETE OOICE BOEN OZICE B	NISS NOSIO SOLIŽIS	AMERI (ESTR AM	FB) (#1 1821
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	pen 2d					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	03042008	Chg-LLC	CR2E083	(12/06)	
City & State . VICIMI LCIKES, FL	City & State Vi (VV) \ ()	ves. FL	4. FEI Number 20-421653	35		_ `	plied For t Applicable
33014 Country	^{Zip} 23014	Country	5. Certificate of S	tatus Desired		.00 Add e Required	
6. Name and Address of Current			7Name and Add	iress of New Reg	istered Age	ent	
VENTURA JR., NILO		Name					
6500 COWPEN ROAD	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
202 MIAMI LAKES, FL 33014			•				
		City		FL Zip Code			
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its r	egistered office or regis	ered agent, or both, in	the State of Florid	da. I am fam	niliar with.	and accept
SIGNATURE							
Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBE	9. MANAGING MEMBERS/MANAGERS 10		ADDITIONS/CHANGES				
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-608

305-884-5858