
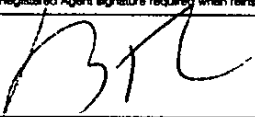


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000026927					
1. Entity Name JUAN RODRIGUEZ LLC					
Principal Place of Business P.O. BOX 416 GRETNA, FL 32332			Mailing Address P.O. BOX 416 GRETNA, FL 32332		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4498980	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, JUAN		NAME		
STREET ADDRESS	P.O. BOX 416		STREET ADDRESS		
CITY-ST-ZIP	GRETNA, FL 32332		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, NELSON A		NAME		
STREET ADDRESS	P.O. BOX 416		STREET ADDRESS		
CITY-ST-ZIP	GRETNA, FL 32332		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DE JESUS MENJIVAR, MANUEL		NAME	<i>MGRM</i>	
STREET ADDRESS	P.O. BOX 416		STREET ADDRESS	<i>MARVI Pineda</i>	
CITY-ST-ZIP	GRETNA, FL 32332		CITY-ST-ZIP	<i>PO Box 416</i>	
CITY-ST-ZIP	GRETNA, FL 32332		CITY-ST-ZIP	<i>Gretna FL 32332</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<i>200129218002</i>	
STREET ADDRESS			STREET ADDRESS	<i>05/13/08--01028--014 **138.75</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Juan Carlos Rodriguez</i>			Date: <i>4/30/08</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

FILED
08 MAY -1 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4498980** Applied For Not Applicable

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

BTL

MGRM
MARVI Pineda
PO Box 416
Gretna FL 32332

200129218002
05/13/08--01028--014 **138.75