


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90404 041 \*\*\*138.75

<b>DOCUMENT # L06000029806</b>	
1. Entity Name <b>JUAL REAL ESTATE INVESMENTS, LLC</b>	

Principal Place of Business <b>14141 WASHBURN COURT JACKSONVILLE, FL 32250</b>	Mailing Address <b>14141 WASHBURN COURT JACKSONVILLE, FL 32250</b>
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2. Principal Place of Business - No P.O. Box # <b>250 Timberland Ave</b>	3. Mailing Address <b>250 Timberland Ave</b>
Suite, Apt. #, etc. <b>Longwood, FL</b>	Suite, Apt. #, etc. <b>Longwood, Florida</b>
City & State <b>Longwood, Florida</b>	City & State <b>Longwood, Florida</b>

Zip <b>32750</b>	Country <b>USA</b>	Zip <b>32750</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>UBBINK, AMY L 250 TIMBERLAND AVENUE LONGWOOD, FL 32750</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <u><i>Amy Ubbink</i></u> DATE <u>29 Feb, 08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBBINK, AMY L 14141 WASHBURN COURT JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UBBINK, JOHN P 14141 WASHBURN COURT JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>250 Timberland Ave Longwood, Florida 32750</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>250 Timberland Ave Longwood, Florida 32750</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <u><i>Amy Ubbink</i></u> <b>Amy Ubbink</b> <u>29 Feb, 08</u> <u>904-563-1491</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>