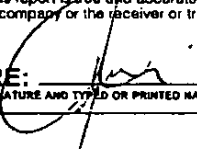


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/5/2007-90202-034-\$50.00-\$50.00 *
7/19/2007-90042-037-\$50.00-\$50.00

DOCUMENT # L06000035893					
1. Entity Name JAC O'KEECHOBEE PROPERTIES, L.C.					
Principal Place of Business 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145			Mailing Address 3191 CORAL WAY, SUITE 303 MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 4960 SW 72nd Ave, #209		
Suite, Apt. #, etc.			Suite, Apt. #, etc. MIAMI, FL		
City & State			City & State 33155		
Zip	Country	Zip	Country	4. FE Number 26-1409613	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLEIN, BRENT D 701 BRICKELL AVENUE, SUITE 1900 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting) DATE					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Armas 4960 SW 72 AVE #209 Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ Change ☐ Addition ☐	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐ Change ☐ 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:  DATE: _____ Daytime Phone #: _____					

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -7 AM 9:24



07102007 Chg-LLC CR2E083 (12/06)

4. FE Number 26-1409613 Applied For Not Applicable

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

FL Zip Code

REINSTATEMENT

W/O Pen. 2007

