2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AP)

Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # L06000043935 03-14-2007 90210 049 ****50.00 JB KEY WEST INVESTMENTS OF STUART, LLC Principal Place of Business Mailing Address 1205 CALAIS LANE KEY WEST FL 33040 1205 CALAIS LANE 000° KEY WEST FL 33040 - | LDD | C | DY 6913 3/11 6914 692 6911 4934 3940 1410 1411 1411 6414 64 3001 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. ist MOORE CR2E083 (10/06) City & Stato City & State Applied For Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLITENICK, RICHARD M ESQ 1009 SIMONTON STREET Stroet Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City Zip Codo 8. The above named onlify submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sgrature, typed or privated marke of registered wyers and life 4 and lensile. (NOT), Registered Apont signature redorms with DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. UDA nur MGR ☐ Delete ☐ Change Addition NAM NAME BENAVIDES, JAIME M STREET FADDINGSS STREET ADDRESS 1205 CALAIS LANE CITY SE ZIP CITY ST ZIP KEY WEST FL 33040 ☐ Octob 11111 Billi ☐ Change Addition BENAVIDES, JOYCE W NAM STREET ADDRESS STREET ADORESS 1205 CALAIS LANE CHY-ST ZIP CHY SI-70 KEY WEST FL 33040 Hite 11111 Delete ☐ Change ☐ Addition NAME MAL STREET ADORESS SHELLADORESS CHY SI ZIP CHY-St ZIP ☐ Detete THE DILL ☐ Change ■ Addition NAMI NAMI STREET ADDRESS STRILL FADORESS CITY SI-70P CITY ST 7/P Delete HIRE ■ Addition HAMI NAM STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY SLZIP THEFE Delete MILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY SI 74º 11. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 of manager of the limited liability company or the receiver or trustee empowered to expect this report as required by Chapter 608, Florida Statutes. SIGNATURE

FILED