

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


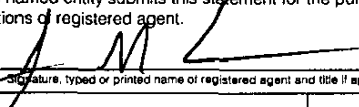
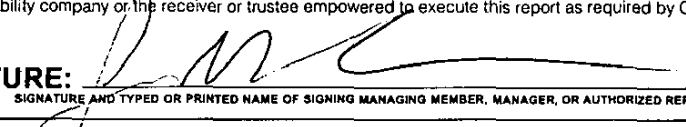
FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90231 038 ***138.75

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02212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000072538			
1. Entity Name JRI LLC			
Principal Place of Business 1740 N.W. 93RD AVE. DORAL, FL 33172		Mailing Address 1740 N.W. 93RD AVE. DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box # 4972 SW 164 Ave		3. Mailing Address 4972 SW 164 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027		Zip 33027	
Country		Country	
4. FEI Number 11-3785274		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDOVAL, JOHAN M 1740 N.W. 93RD AVE. DORAL, FL 33172		7. Name and Address of New Registered Agent Name: Sandoval, Johan M. Street Address (P.O. Box Number is Not Acceptable) 4972 SW 164 Ave. City: Miramar FL Zip Code: 33027	
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 3/13/08	
(NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVIS, JAHISINO ALONZ 1740 N.W. 93RD AVE. DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4972 SW 164 Ave. Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVIS, IRLANDA ALONZO 1740 N.W. 93RD AVE. DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4972 SW 164 Ave. Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALONZO MONTALVAN, MAURO CECILIE 1740 N.W. 93RD AVE. DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4972 SW 164 Ave. Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVIS HERNANDEZ, ANA ROSA 1740 N.W. 93RD AVE. DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4972 SW 164 Ave. Miramar, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 		DATE 3/13/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	