2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072538

Entity Name: JRILLC

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4972 SW 164 AVE 951 BRICKELL AVE, UNIT 3107 HOLLYWOOD, FL 33027

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

951 BRICKELL AVE, UNIT 3107 4972 SW 164 AVE

HOLLYWOOD, FL 33027 MIAMI, FL 33131

FEI Number: 11-3785274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDOVAL, JOHAN M 4972 SW 164 AVE

HOLLYWOOD, FL 33027 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete GALVIS, JAHISINO ALONZ Name: 4972 SW 164 AVE Address:

City-St-Zip: HOLLYWOOD, FL 33027

Title: MGRM () Delete GALVIS, IRLANDA ALONZO Name:

Address: 4972 SW 164 AVE

City-St-Zip: HOLLYWOOD, FL 33027

Title: MGRM () Delete

ALONZO MONTALVAN, MAURO CECILIE Name:

Address: 4972 SW 164 AVE City-St-Zip: HOLLYWOOD, FL 33027

Title: MGRM () Delete

GALVIS HERNANDEZ, ANA ROSA Name:

Address: 4972 SW 164 AVE

City-St-Zip: HOLLYWOOD, FL 33027 ADDITIONS/CHANGES:

Title: (X) Change () Addition GALVIS, JAHISINO ALONZ Name:

Address: 951 BRICKELL AVE, UNIT 3107

City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition Name: GALVIS, IRLANDA ALONZO Address: 951 BRICKELL AVE. UNIT 3107

City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition ALONZO MONTALVAN, MAURO CECILIE Name:

951 BRICKELL AVE, UNIT 3107 Address:

City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition GALVIS HERNANDEZ, ANA ROSA Name: Address: 951 BRICKELL AVE, UNIT 3107

City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANA ROSA GALVIS MANA 02/16/2009