

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075834

FILED
Jul 30, 2007
Secretary of State

Entity Name: OSCAR JIMENEZ LLC

Current Principal Place of Business:

1514 TIRED CREEK BLVD.
CAIRO, GA 39828

New Principal Place of Business:

Current Mailing Address:

1514 TIRED CREEK BLVD.
CAIRO, GA 39828

New Mailing Address:

FEI Number: 20-5301506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JIMENEZ, OSCAR
Address: 1514 TIRED CREEK BLVD.
City-St-Zip: CAIRO, GA 39828

Title: MGRM () Delete
Name: COTA SILVESTER, ERICK
Address: 1514 TIRED CREEK BLVD.
City-St-Zip: CAIRO, GA 39828

Title: MGRM () Delete
Name: MARTINEZ, JOSE
Address: 1514 TIRED CREEK BLVD.
City-St-Zip: CAIRO, GA 39828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OSCAR R JIMENEZ

MGRM

07/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date