


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000076651					
1. Entity Name JUAN CAR II, LLC					
Principal Place of Business 5105 NW 159TH STREET HIALEAH, FL 33014		Mailing Address 5105 NW 159TH STREET HIALEAH, FL 33014		<i>BK</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASHI, KAZUHIRO 5105 NW 159TH ST HIALEAH, FL 33014			Name CorpDirect Agents, Inc.		
			Street Address (P.O. Box Number is Not Acceptable)		
			515 East Park Avenue		
			City Tallahassee		FL Zip Code 32301
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. CorpDirect Agents, Inc., Registered Agent					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		<i>BK</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRC HONYO, MACHIRE 5105 NW 159TH ST HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRC HONJO, HACHIRO 5105 NW 159TH STREET HIALEAH, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATANABE, MINORIE 5105 NW 159TH ST HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATANABE, MINORU 5105 NW 159TH STREET HIALEAH, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HONJO, YOGUKE 5105 NW 159TH ST HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HONJO, YOSUKE 5105 NW 159TH STREET HIALEAH, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOSHI, KAZUHIRO 5105 NW 159TH ST HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		300121938653 04/02/08--01019--019 **138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONJO, YOSUKE 5105 NW 159TH STREET HIALEAH, FL 33014 <input type="checkbox"/> Change <input checked="" 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: <i>Kenji Kazuhiro Hoshi</i>		Date: 3/31/08		Daytime Phone #: (305) 914-8402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					