

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084534

Entity Name: JAVIPA INVESTMENTS, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 502
CORAL GABLES, FL 33134

New Principal Place of Business:

901 PONCE DE LEON BLVD.
502
CORAL GABLES, FL 33134

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 502
CORAL GABLES, FL 33134

New Mailing Address:

901 PONCE DE LEON BLVD.
502
CORAL GABLES, FL 33134

FEI Number: 20-4993413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ-ABREU, JAVIER
901 PONCE DE LEON BLVD., #502
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PEREZ-ABREU, JAVIER
901 PONCE DE LEON BLVD.,
502
CORAL GABLES, FL 33134 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ-ABREU, DULCE
Address: 901 PONCE DE LEON SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Delete
Name: PEREZ-ABREU, JAVIER
Address: 901 PONCE DE LEON SUITE 502
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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: DULCE PEREZ-ABREU

MGR

04/30/2008

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