

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90172 022 ****50.00

DOCUMENT # L06000088092

1. Entity Name
JB INVESTORS, LLC



Principal Place of Business
**20325 NE 15 CT.
MIAMI, FL 33179**

Mailing Address
**11764 W SAMPLE RD STE 101
CORAL SPRINGS, FL 33065**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
20325 NE 15 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **Miami, FL**

Zip

Country

Zip

Country

33179

02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
205508253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIEP, BINH YEN
3611 FARRAGUT STREET
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DIỆP, BINH YEN
3611 FARRAGUT STREET
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHIANG, JOHNNY
2828 POINCIANA CIR.
COOPER CITY, FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHIANG, WINNIE
2828 POINCIANA CIR.
COOPER CITY, FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: X [Signature]

Typed or printed name of signing managing member, manager, or authorized representative

Date 3/12/07

Desktop Phone # 305 770 1488