


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000097383</b> 1. Entity Name <b>JOAN &amp; STEKEL INVESTMENTS, LLC</b>	
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Principal Place of Business <b>904 N.W. 180TH AVE. PEMBROKE PINES, FL 33029</b>	Mailing Address <b>904 N.W. 180TH AVE. PEMBROKE PINES, FL 33029</b>
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**DO NOT WRITE IN THIS SPACE**



03212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5869142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HORACIO SOSA, P.A. 1825 MAIN STREET 2ND FLOOR WESTON, FL 33326</b>
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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OCAMPO, ORLANDO 904 N.W. 180TH AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OCAMPO, LUZ E 904 N.W. 180TH AVE PEMBROKE PINES, FL 33029
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U000000871137  
04/09/08-80117-023 138.75

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:**  **ORLANDO OCAMPO** **3-21-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #