

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107389

Entity Name: WRE 2, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

10829 SW 72ND ST
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10829 SW 72ND ST
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-8584855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
201 S. BISCAYNE BLVD., STE. #2000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: JA INTERNATIONAL REA, L ESTATE HOLDI N GS, LLC
Address: 10362 CANOE BROOKS
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Delete
Name: MERCADO, JHONNY
Address: 10362 CANOE BROOKS
City-St-Zip: BOCA RATON, FL 33498

Title: MGR () Delete
Name: FUNG, VICTOR
Address: 10362 CANOE BROOKS
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JA INTERNATIONAL REA, L ESTATE HOLDI N GS, LLC
Address: 10829 SW 72ND ST.
City-St-Zip: MIAMI, FL 33173

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: JHONNY MERCADO

MGR

01/21/2008

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