

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

04-29-2008 90019 024 ***138.75

DOCUMENT # L07000028470			
1. Entity Name JIK ROCKLAND HARBOR INVESTMENTS, LLC			
Principal Place of Business 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897		Mailing Address 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-1507191		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897		7. Name and Address of New Registered Agent Name Complo, Christy Street Address (P.O. Box Number is Not Acceptable) 7900 Miami Lakes Drive West City Miami Lakes, FL Zip Code 33016-5897	
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: Christy Complo, <i>Christy Complo</i> DATE: 4/22/08 (NOTE: Registered Agent's signature required when re-registering)			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member ☐ Delete J.I. Kislak, Inc. 7900 Miami Lakes Drive West Miami Lakes, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: Christy Complo <i>Christy Complo</i> DATE: 4/22/08 (305) 364-4101 SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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