

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-24-2008 90065 010 ***138.75
03-06-2008 90248 006 ***138.75

DOCUMENT # L07000046428	
1. Entity Name INVERSIONES JR 304, LLC	

Principal Place of Business 2121 PONCE DE LEON BLVD, SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD, SUITE 1100 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # 7474 NW 113 COURT Suite, Apt. #, etc.	3. Mailing Address 7474 NW 113 COURT Suite, Apt. #, etc.
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City & State DOYAL FL	City & State DOYAL FL
Zip 33178	Country USA

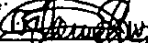
00014343



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 98-0565873	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, FLORINDA 7474 NW 113 COURT DORAL, FL 33178	
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  DATE **1/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	TITLE MGR	☒ Change ☐ Addition
NAME JAIMES MARQUEZ, ANGEL OCARIS		NAME JAIMES MARQUEZ, ANGEL OCARIS	
STREET ADDRESS 2121 PONCE DE LEON BLVD, SUITE 1100		STREET ADDRESS 7474 NW 113 COURT	
CITY - ST - ZIP CORAL GABLES, FL 33134		CITY - ST - ZIP DORAL, FL 33178	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY - ST - ZIP 		CITY - ST - ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY - ST - ZIP 		CITY - ST - ZIP 	
TITLE 	☐ Delete	TITLE 	☐ Change ☐ Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY - ST - ZIP 		CITY - ST - ZIP 	

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:  DATE **1/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE