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

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DOCUMENT # L07000046428

1. Entity Name
INVERSIONES JR 304, LLC

0001Z4J45

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

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	7. Name and Address of New Registered Agent
RUIZ, FLORINDA 7474 NW 113 COURT DORAL, FL 33178	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] 1/23/08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete JAIMES MARQUEZ, ANGEL OCARIS 2121 PONCE DE LEON BLVD, SUITE 1100 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 7474 NW 113 COURT Doral, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 1/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #