## FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90207 024 \*\*\*150.00

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000061270  1. Entity Name JIEFEI, LLC								021	150.00
Principal Place of Business Mailing Address 5061 PRAIRIE DUNES VILLAGE 5061 PRAIRIE DUNES VILL LAKE WORTH, FL 33463 LAKE WORTH, FL 33463						1) <b>88</b> 1/5 ( <b>88</b> 1) <b>88</b> 1)/ <b>85</b> 1/ <b>88</b> 1	. <b>48</b> 11 <b>8</b> 81181 9818	)(\$(\$.1 <b>00</b> () <b>00</b> ()	## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ce of Business - No P.O. Box #	3. Mailing Address - 5030 CHAMPION BLVD,							<b>=·</b>
Suite, Apt. # SUITE	, etc.	Suite, Apt. #, etc. SUITE B1			01042008	Chg-LLC	CR2E083	(12/06)	
City & State BOCA		City & State BOCA RATON, FL			4. FEI Numb	er 420469 ·		No	plied For t Applicable
33496	Country USA 6. Name and Address of Current R	33496	Countr USA			of Status Desired	□ Ėe	5.00 Add e Required	
	6. Name and Address of Current R		7. Name and Address of New Registered Agent Name						
	FEI RIE DUNES VILLAGE TH, FL 33463			Street Address (P.O. Box Number is Not Acceptable)					
LAKE WOR	111,12 33403								
				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, typed or priced many of legisle and agent and title if applicable. (NOTE: Registered Agent signature required when Versitating)  DATE									
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	<del></del>				e check pay Departmen			
9.	, MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	· ·	
TITLE  NAME  STREET ADDRESS		☐ Daleis	TITLE NAME STREET	raddress 506	EN, JIE 51 PRAIR	FEI IE DUNES	VILLAG	□ Change	Addition
O TY-ST-Z P TITLE NAME STREET ADDRESS		☐ Delete		TADDRESS	KE WORTH	I, FL 3346		Change	Addition
C TY-ST-Z-P  TITLE  VAME  STREET ADDRESS		☐ Delete	TITLE NAME		ec 11#		[	Change	Addition
C TY-ST-Z P	-	_	CITY-S	<b>I</b>					·
TITLE NAME STREET ADORESS CITY-ST-Z.P		☐ Delete	1	T ADDRESS SI-ZIP			[	Change ·	· Addition-
HILE VAME _STREET ADDRESS CITY-ST-ZP		☐ Delete		T ADDPESS ST-ZIP			C	Change	Addition
TITLE NAME SIPEET ADDRESS DITY-ST-ZP		☐ Defete		T ADDRESS ST- ZIP			[	Change	Addition
11. Thereby certify that the information supplied with this filling 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: X SIGNATURE AND TYPED ON PRINTED NAME OF SUDDING MARKSONG MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date									