

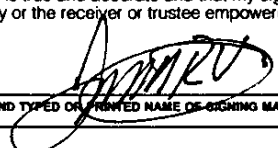


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90072 007 \*\*\*138.75

<b>DOCUMENT # L07000061791</b> 1. Entity Name <b>JOSE R. VELASQUEZ, LLC</b>					
Principal Place of Business <b>209 AVENIDA DES PARQUES, #5</b> <b>VENICE, FL 34285</b>			Mailing Address <b>209 AVENIDA DES PARQUES, #5</b> <b>VENICE, FL 34285</b>		
2. Principal Place of Business - No P.O. Box # <b>209 Avenida des Parques</b>		3. Mailing Address <b>209 Avenida des Parques</b>			
Suite, Apt. #, etc. <b>#6</b>		Suite, Apt. #, etc. <b>#6</b>			
City & State <b>Venice, Fl</b>		City & State <b>Venice, Fl</b>		4. FEI Number <div style="border: 1px solid black; width: 100px; height: 1.2em; margin: 2px 0;"></div>	
Zip <b>34285</b>		Country <b>Sarasota</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VELASQUEZ, JOSE R</b> <b>209 AVENIDA DES PARQUES, #5</b> <b>VENICE, FL 34285</b>		7. Name and Address of New Registered Agent Name <b>Jose R. Velasquez</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 Avenida des Parques</b> <b>#6</b> City <b>Venice</b> <b>FL</b> Zip Code <b>34285</b>			
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 <b>1/24/08</b>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>VELASQUEZ, JOSE R</b> <b>209 AVENIDA DES PARQUES, #5</b> <b>VENICE, FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Jose R Velasquez</b> <b>209 Avenida des Parques, #6</b> <b>Venice, Fl 34285</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			DATE <b>1/24/08</b> 305-393-4908		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		