

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 03, 2008 8:00 am
Secretary of State

04-28-2008 90050 016 ***138.75

DOCUMENT # L07000103768 1. Entity Name JRB PROPERTIES OF KEY WEST, LLC					
Principal Place of Business 1620 WEST OAKLAND PARK BLVD., STE. 403 FORT LAUDERDALE, FL 33311			Mailing Address 1620 WEST OAKLAND PARK BLVD., STE. 403 FORT LAUDERDALE, FL 33311		
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		
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 1499 WEST PALMETTO PARK ROAD, STE. 300 BOCA RATON, FL 33486			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 _____ (NOTE: Registered Agent signature required when relinquishing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 CLASSICO INVESTMENTS OF FLORIDA, INC. 1620 WEST OAKLAND PARK BLVD., STE. 403 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: mmr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/12/08 <small>Date</small>		
			954.735.0277 <small>Devere Phone #</small>		

30008533



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1330938** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required