

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L07000118433</b> 1. Entity Name <b>JBCI INVESTMENTS, L.L.C.</b>	
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Principal Place of Business 17140 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326	Mailing Address 17140 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip
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01052008	Chg-LLC	CR2E083 (12/06)
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4. FEI Number <b>26-1488529</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  BONILLA, JAVIER E 17140 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <span style="float: right;"><b>FL</b></span> Zip Code _____
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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.

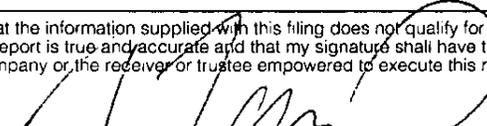
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	BONILLA, JAVIER E	
STREET ADDRESS	17140 ROYAL PALM BLVD	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	MGRM	<input type="checkbox"/>
NAME	IZQUIERDO, CLAUDIA E	
STREET ADDRESS	17140 ROYAL PALM BLVD	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	U00000840174 03/06/08-80037-012 138.75	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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:**  2/14/08

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_