

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125207

Entity Name: 738JU, LLC

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

7819 LAKESIDE BLVD.
846
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

7819 LAKESIDE BLVD.
846
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 14-2013795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARUCCI, PASQUALE
7819 LAKESIDE BLVD
846
BOCARATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARUCCI, PASQUALE
Address: 7819 LAKESIDE BLVD
City-St-Zip: BOCARATON, FL 33434 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARUCCI, PASQUALE
Address: 7819 LAKESIDE BLVD, #846
City-St-Zip: BOCARATON, FL 33434 US

Title: MGRM () Change (X) Addition
Name: CARUCCI, FRANK
Address: 7819 LAKESIDE BLVD, #846
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Change (X) Addition
Name: CARUCCI, KIMMARIE
Address: 7819 LAKESIDE BLVD, #846
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK CARUCCI

MGRM

03/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date