LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L99000005223

DOCUMENT #

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1. Entity Name JAS Property Investments, L.C. 6155 S.W. 120th Avenue Miami, Florida 33183 961214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0955974 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent Dade Corporate Services Aileen Ortega, P.A. 2300 Coral Way Street Address (P.O. Box Number is Not Acceptable) Suite 103 <u>2420 Coral Way</u> Miami, FL 33145 Zip Code 33145 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. President 4/18/02 FEE-IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/01) MGRM TITLE TITI F NAME Siluan, Jose Augusto NAME STREET ADDRESS STREET ADDRESS 6155 S.W. 120th Avenue CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33183 HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #