
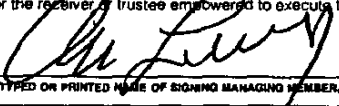


FILED
May 12, 2004 8:00 am
Secretary of State

04-27-2004 90015 008 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025538			
1. Entity Name JAKABOVITS ACQUISITION COMPANY, L.L.C.			
Principal Place of Business 1428 BRICKELL AVE., PENTHOUSE MIAMI, FL 33131		Mailing Address 1428 BRICKELL AVE., PENTHOUSE MIAMI, FL 33131	
2. Principal Place of Business 4901 NW 17 Way Suite, Apt. #, etc. 103		3. Mailing Address 4901 NW 17 Way Suite, Apt. #, etc. 103	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale FL	
Zip 33309	Country USA	Zip 33309	Country USA
6. Name and Address of Current Registered Agent MANASTER, JOSHUA D ESQ. 1428 BRICKELL AVE., EIGHTH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Alan Levy Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17 Way #103 City Ft. Lauderdale FL Zip Code 33309	
4. FEI Number 20-1101736 Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/>			
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 _____	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKABOWITZ, ERNO 4901 NW 17TH WAY #103 FORT LAUDERDALE, FL 33309 <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
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
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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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
11. I hereby certify that the information supplied with this filing 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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: Alan M. Levy 4/12/04 (954) 991-5305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

34005908



04212004 Chg-LLC CR2E083 (10/03)