

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025538			
1. Entity Name JAKABOVITS ACQUISITION COMPANY, L.L.C.			
Principal Place of Business 4901 NW 17 WAY # 103 FORT LAUDERDALE, FL 33309		Mailing Address 4901 NW 17 WAY # 103 FORT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE			
		03292006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1101736	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
LEVY, ALAN 4901 NW 17 WAY # 103 FORT LAUDERDALE, FL 33-309*			
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 _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKABOWITZ, ERNO 4901 NW 17TH WAY #103 FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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:  Erno Jakabovits		4/24/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	