2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # L02000025538** JAKABOVITS ACQUISITION COMPANY, L.L.C. Principal Place of Business Mailing Address 4901 NW 17 WAY 4901 NW 17 WAY # 103 # 103 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 04182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1101736 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVY, ALAN DO NOT WRITE 4901 NW 17 WAY # 103 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 g. MANAGING MEMBERS/MANAGERS MGRM JAKABOWITZ, ERNO NAME STREET ADDRESS 4901 NW 17TH WAY #103 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE 000000734740 NAME 05/10/07-80006-006 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing these 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUNE 1900 MANUAL OF THE SIGNATURE S

NAME STREET ADDRESS CITY+ST+ZIP

Daytime Phone #

FILED