2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025538

1. Entity Name

JAKABOVITS ACQUISITION COMPANY, L.L.C.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4901 NW 17 WAY

103

4901 NW 17 WAY

103

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33309

FORT LAUDERDALE, FL 33309



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 	Applied For
20-1101736		Not Applicable
5. Certificate of Status Desired	\$5.00 A	

6. Name and Address of Current Registered Agent

LEVY, ALAN 4901 NW 17 WAY # 103

FORT LAUDERDALE, FL 33-309*

DO NOT WRITE IN THIS SPACE

			, ,		
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 little it applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE		
FILE After Ma	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKABOWITZ, ERNO 4901 NW 17TH WAY #103 FORT LAUDERDALE, FL 33309		ĬŔŖĠŖĬĠŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖŖ		
TITLE NAME STREET ADDRESS		### 105/15/1	08-80012-019 138.75		
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE		
TITLE NAME STREET ADDRESS		IN THIS S	SPACE		
CITY-ST-ZIP		。 			
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		A Control of	San		
STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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: UND PROPERTY NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

4/20/08 49/

Daytime Phone #