

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012447

Entity Name: JASBI DEVELOPMENTS, LLC

**FILED**  
**Mar 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

834 S.W. 159 LANE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

834 S.W. 159 LANE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 20-2315936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMON, LOUIS ANDY  
834 S.W. 159 LANE  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMON, LOUIS ANDY  
Address: 834 S.W. 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR ( ) Delete  
Name: SIMON, NIKKI LEWIS  
Address: 834 S.W. 159 LANE  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOUIS ANDY SIMON

MGR

03/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date