

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 013 ****50.00

60047788



04012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3505149 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DOCUMENT # L05000090129
 1. Entity Name
 JABS, LLC



Principal Place of Business Mailing Address
 8666 SEMINOLE BLVD. 8666 SEMINOLE BLVD.
 SEMINOLE, FL 33772 US SEMINOLE, FL 33772 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 8200 113th STREET 8200 113th STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE #103 SUITE #103

City & State City & State
 SEMINOLE FL. SEMINOLE FL.
 Zip Zip
 33772 PINELLAS 33772 PINELLAS

6. Name and Address of Current Registered Agent
 BARTHOLMEY, SCOTT
 8666 SEMINOLE BLVD.
 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 8200 113th STREET SUITE #103
 City SEMINOLE FL Zip Code 33772

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]* SCOTT BARTHOLMEY 4/30/07
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
 Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARSA ENTERPRISES LLC	
STREET ADDRESS	8666 SEMINOLE BOULEVARD	
CITY - ST - ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8200 113th STREET SUITE #103	
CITY - ST - ZIP	SEMINOLE, FL. 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* SCOTT BARTHOLMEY 4/30/07
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #