2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L01000022234

Entity Name: JLB/JAB COMPANY, LLC

Current Principal Place of Business:

1400 N. PROVIDENCE RD.
BLDG. 1, SUITE 415
MEDIA, PA 19063

New Principal Place of Business:

Current Mailing Address:

1400 N. PROVIDENCE RD.
BLDG. 1, SUITE 415
MEDIA, PA 19063

New Mailing Address:

FEI Number: 01-0572166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELMONT INVESTMENT CORP.
1675 MARKET STREET
SUITE 207
WESTON, FL 33326 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: MGRM ( ) Delete
Name: BELMONT, BARRY J
Address: 1400 N. PROVIDENCE RD., BLDG. 1, SUITE 415
City-St-Zip: MEDIA, PA 19063

Title: VP ( ) Delete
Name: MARDINLY, PETER A ESQ
Address: 1400 N. PROVIDENCE RD., BLDG. 1, SUITE 415
City-St-Zip: MEDIA, PA 19063 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: BELMONT, GORDON L
Address: 76245 FAIRWAY DR.
City-St-Zip: INDIAN WELLS, CA 92210

I hereby certify that the information supplied with this filing does not qualify 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: PETER A. MARDINLY VP 04/24/2009

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