

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005295

Entity Name: JACKFAR, L.L.C.

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

14560 GULF BLVD.
MADEIRA BEACH, FL 33708

New Principal Place of Business:

8320 73 RD COURT NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

8320 73RD COURT NORTH
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-3713582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYOUB, JACK
8320 73RD CT
PINELLAS PARK, FL 33781 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: AYOUB, JACK
Address: 8320 73RD COURT NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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

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

ADDITIONS/CHANGES:

Title: RA (X) Change () Addition
Name: AYOUB, JACK
Address: 8320 73RD COURT NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM () Change (X) Addition
Name: AYOUB, LYLIA
Address: 8320 73RD COURT
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM () Change (X) Addition
Name: AYOUB, JACQUELINE
Address: 8320 73RD COURT
City-St-Zip: PINELLAS PARK, FL 33781

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: JACK AYOUB

RA

03/05/2007

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