2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# L01000005295

Entity Name: JACKFAR, L.L.C.

Current Principal Place of Business:

8320 73 RD COURT NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

Title: MGRM ( ) Delete
Name: AYOUB, JACQULENE
Address: 8320 73RD COURT
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES:

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

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 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 MGM 05/03/2008

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