2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# L01000005391

Entity Name: THE JOBSON LAW FIRM, P.L.L.C.

Current Principal Place of Business:

7491 W OAKLAND PARK BLVD
2ND FL
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

19 WEST FLAGLER STREET
SUITE 620
MIAMI, FL 33130 US

Current Mailing Address:

7491 W OAKLAND PARK BLVD
2ND FL
FORT LAUDERDALE, FL 33319

New Mailing Address:

19 WEST FLAGLER STREET
SUITE 620
MIAMI, FL 33130 US

FEI Number: 65-1130153 **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:

JOBSON, FRANZ C
600 NORTH PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

JOBSON, FRANZ C
19 WEST FLAGLER STREET
SUITE 620
MIAMI, FL 33130 US

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: _____ 05/31/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JOBSON, FRANZ C
Address: 600 NORTH PINE ISLAND ROAD, SUITE 450
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOBSON, FRANZ C
Address: 19 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANZ C JOBSON MGRM 05/31/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date