

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90107 042 \*\*\*\*50.00

DOCUMENT # L01000007476

1. Entity Name  
JANDREW ENTERPRISES, LLC



Principal Place of Business  
7400 NORTH FEDERAL HWY.  
BOCA RATON, FL 33487

Mailing Address  
7400 NORTH FEDERAL HWY.  
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

7200 Windsor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
Allentown PA

4. FEI Number  
65-1101788

Applied For  
Not Applicable

Zip

Country

Zip

18104

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANDREW, BRIAN  
7400 NORTH FEDERAL HWY.  
BOCA RATON, FL 33487

Name  
Brian K. Jandrew

Street Address (P.O. Box Number is Not Acceptable)

127 Coconut Key Lane

City Delray Beach

FL

Zip Code 33484

8. The above named entity subscribes 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, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/06

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JANDREW, BRIAN  
7400 NORTH FEDERAL HWY.  
BOCA RATON, FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
(SAME)  
(same)  
127 Coconut Key Lane  
Delray Beach FL 33484 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/23/06

(610) 289-2453