


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000018369**

1. Entity Name  
**JLAM BAGELS, LLC**



Principal Place of Business      Mailing Address

5906 CORAL RIDGE DR., BAY C-9      5906 CORAL RIDGE DR., BAY C-9  
 CORAL SPRINGS, FL 33076      CORAL SPRINGS, FL 33076

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>65-1151102</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RITTER, GREGORY J ESQ.**  
 7000 WEST PALMETTO PARK RD., STE. 400  
 BOCA RATON, FL 33433

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8. 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. 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)

1100000779914  
 01/09/08-80092-005 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIDLOFSKY, MITCHELL 8129 NW 106TH LANE POMPAÑO BEACH, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KULA, DANIEL 16121 RIO DEL SOL DELRAY BEACH, FL 33446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

**SIGNATURE:**       1/4/08      954-755-4600

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #