... 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021885

1. Entity Name
JABLIN, LLC

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP



FILED Jan 15, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	•			Applied For
	02-0612390				Not Applicable
5	Cartificate of Status Desired		\$5.0	0(Additional

6. Name and Address of Current Registered Agent

The complete the many comments of more and the second of t

2101 COR SUITE 107	GUTTER CHAVES JOSEPHER ET AL PORATE BLVD FON, FL 33487	DO NOT WRITE
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
· SIGNATURE.		
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	(NOTE Registered Agent argnature required when reinstating) DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000785039 01/16/08-80079-012 138.75
TITLE , NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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

x1/9/08

561-995

Daytime Phone #

2414