

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012378

1. Entry Name
JANBAR ENTERPRISES, LLC.



Principal Place of Business
C/O JAMES A HORLAND, ESQ.
290 NW 165TH STREET PH#4
MIAMI, FL 33169

Mailing Address
C/O JAMES A HORLAND, ESQ.
290 NW 165TH STREET PH#4
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



01032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
33-1034059

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORLAND, JAMES A ESQ
290 NW 165TH STREET PH#4
MIAMI, FL 33169

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IN THIS SPACE**

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)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIBER, LLOYD 720 NE 69ST UNIT 26-N MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, DONALD 169 E FLAGLERS ST SUITE -1000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMAN, BARBARA 169 E FLAGERS ST SUITE 1000 MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORIBER, JANICE 720 NE 69ST UNIT 26-N MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/04-80002-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #