

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000012637

FILED
Jun 14, 2006
Secretary of State**Entity Name:** JACARANDA, L.L.C.**Current Principal Place of Business:**273 SANFORD AVENUE
PALM BEACH, FL 334803619**New Principal Place of Business:****Current Mailing Address:**273 SANFORD AVENUE
PALM BEACH, FL 334803619**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACOBSON, ESTA
273 SANFORD AVENUE
PALM BEACH, FL 334803619 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGRM () Delete
Name: JACOBSON, ESTA
Address: 273 SANFORD AVENUE
City-St-Zip: PALM BEACH, FL 334803619Title: MGRM () Delete
Name: JACOBSON, ROBERT
Address: 273 SANFORD AVE.
City-St-Zip: PALM BEACH, FL 33480**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGRM (X) Change () Addition
Name: SAUL, JACOBSON
Address: 170 STATE ST APT 3E
City-St-Zip: BROOKLYN, NY 11201

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ESTA ANN JACOBSON

MGRM

06/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date