

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016549

FILED
Mar 20, 2006
Secretary of State

Entity Name: JABAHATRI INVESTMENT GROUP L.L.C.

Current Principal Place of Business:

5380 W. STATE RD 84 STE. 4
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5380 W. STATE RD 84 STE. 4
DAVIE, FL 33314

New Mailing Address:

784 NW BAYARD AVE
PORT SAINT LUCIE, FL 34983

FEI Number: 55-0788272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPBURN, KEITH
5380 W. STATE RD 84 STE. 4
DAVIE, FL 33314 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: MGR () Delete
Name: HEPBURN, KEITH
Address: 5380 W. STATE RD. 84 STE. 4
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: LEWIN, DELROY
Address: 7073 N.W. 47TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: MGR () Delete
Name: LUCIUS, GESNEL
Address: 4820 NW 11TH PLACE
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEITH HEPBURN

MGR

03/20/2006

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