


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000024297 1. Entity Name JABA PROPERTIES LLC |  |
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|---|---|
| Principal Place of Business 5023 JEWELL TERRACE PALM HARBOR FL 34685 US | Mailing Address 5023 JEWELL TERRACE PALM HARBOR FL 34685 US |
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|---|--|
| 2. Principal Place of Business Suite, Apt #, etc | 3. Mailing Address Suite, Apt #, etc. |
|---|--|

1st MOORE CR2E083 (10/04)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---------------------------------|--|
| 4. FEI Number 80-0055397 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

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| 6. Name and Address of Current Registered Agent PEARSON, JAN A 5023 JEWELL TERRACE PALM HARBOR FL 34685 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
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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 | (NOTE Registered Agent signature required when reinstating) | DATE |
|-----------|---|------|

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME MGRM PEARSON, JAN A <input type="checkbox"/> Delete | STREET ADDRESS 5023 JEWELL TERRACE |
| CITY-ST-ZIP PALM HARBOR FL 34685 | |
| TITLE NAME _____ <input type="checkbox"/> Delete | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Delete | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |

| 10. ADDITIONS/CHANGES | |
|---|--|
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | U00000250455 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/04/05-80009-020 55.00 |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |
| TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS _____ |
| CITY-ST-ZIP _____ | |

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: Jan A Pearson, Jan A. Pearson MGRM 2/26/05 7279384906

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