## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000001951

Entity Name: JBS STABLES, LLC

Name:

Address:

City-St-Zip:

82 HEYERSMILL RD

COLTS NECK, NJ 07722

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7474 NE 8 CT BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 2700 N MILITARY TR STE 410 BOCA RATON, FL 33431 FEI Number: 32-0054216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NISSENFELD, ROBERT NISSENFELD, ROBERT 2700 N. MILITÁRY TRAIL, SUITE 410 2700 N. MILITÁRY TRAIL. SUITE 410 BOCA RATON, FL 334311809 US BOCA RATON, FL 33431 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: 04/04/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition SCHWARTZ, ELEANOR Name: Name: 82 HEYERSMILL RD Address: Address: COLTS NECK, NJ 07722 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SCHWARTZ, ANDREW Name: Address: 7474 NE 8 CT Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHWARTZ, RACHEL Name: Name: Address: 7474 NE 8 CT Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: ( ) Delete Title: MGR Title: () Change () Addition SCHWARTZ, MELVYN

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

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW SCHWARTZ 04/04/2005