

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001951

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: JBS STABLES, LLC

**Current Principal Place of Business:**

7474 NE 8 CT  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

2700 N MILITARY TR STE 410  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 32-0054216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NISSENFELD, ROBERT  
2700 N. MILITARY TRAIL, SUITE 410  
BOCA RATON, FL 334311809 US

**Name and Address of New Registered Agent:**

NISSENFELD, ROBERT  
2700 N. MILITARY TRAIL, SUITE 410  
BOCA RATON, FL 33431 US

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:**

Title: MGR ( ) Delete  
Name: SCHWARTZ, ELEANOR  
Address: 82 HEYERSMILL RD  
City-St-Zip: COLTS NECK, NJ 07722

Title: MGR ( ) Delete  
Name: SCHWARTZ, ANDREW  
Address: 7474 NE 8 CT  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: SCHWARTZ, RACHEL  
Address: 7474 NE 8 CT  
City-St-Zip: BOCA RATON, FL 33487

Title: MGR ( ) Delete  
Name: SCHWARTZ, MELVYN  
Address: 82 HEYERSMILL RD  
City-St-Zip: COLTS NECK, NJ 07722

**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:

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 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.

SIGNATURE: ANDREW SCHWARTZ

MGR

04/04/2005

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