


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000005599 1. Entity Name SOLOMON JACOB INVESTMENTS, LLC	
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Principal Place of Business 997 CEDAR FALLS DRIVE WESTON, FL 33327	Mailing Address 997 CEDAR FALLS DRIVE WESTON, FL 33327
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DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC

CR2E083 (10/03)

4. FCI Number 30-0157977	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JACOB, JIJU 997 CEDAR FALLS DRIVE WESTON, FL 33327	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering)

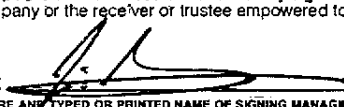
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JACOB, JIJU 997 CEDAR FALLS DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SOLOMON, ERIC 759 HERON ROAD WESTON, FL 33326
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**DO NOT WRITE
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11. I hereby certify that the information supplied with this Filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-3-2005 (954) 559-5458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Day-Mc-Pm-Yr