

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 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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01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0157977	Applied For ☐ Not Applicable
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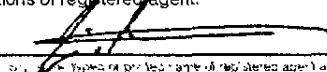
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOB, JIJU 997 CEDAR FALLS DRIVE WESTON, FL 33327
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**DO NOT WRITE
IN THIS SPACE**

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



1-5-06

(Type or print the name of registered agent in this space)

(NOTE: Registered Agent Signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

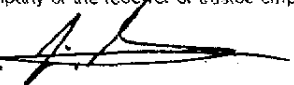
**1100000396229
01/18/06-80046-025 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM JACOB, JIJU 997 CEDAR FALLS DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SOLOMON, ERIC 759 HERON ROAD WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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



1-5-06

(954) 559-5458