2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000006551

1. Entity Name
JIBACH LLC

Principal Place of Business	Mailing Address
800 SOUTH OCEAN BLVD. UNIT 404 BOCA RATON, FL 33432	800 SOUTH OCEAN BLVD. UNIT 404 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01032007No Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4242824
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PREVOR, MICHAEL
800 SOUTH OCEAN BLVD.
UNIT 404
BOCA RATON, FL 33432-6366

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PREVOR, MICHAEL
STREET ADDRESS	800 SOUTH OCEAN BLVD. UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PREVOR, ROSLYN
STREET ADDRESS	800 SOUTH OCEAN BLVD. UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	PREVOR, JAMES
STREET ADDRESS	800 SOUTH OCEAN BLVD. UNIT 404
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80040-003 50.00

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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: Michael Prevor, Mgr. MICHAEL PREVOR 1-5-07 561-392-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #