

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009825

Entity Name: JAB INVESTMENTS, L.L.C.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

105 MARKET ST SUITE 306
CARILLON BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

105 MARKET ST SUITE 306
CARILLON BEACH, FL 32413

New Mailing Address:

FEI Number: 65-1178683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H PA
5365 E. COUNTY HIGHWAY 30-A
SUITE 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOWDEN, JULIA A
Address: 5801 THOMAS DRIVE, #1025
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MGRM () Delete
Name: BOWDEN, R. STEPHEN
Address: 5801 THOMAS DRIVE, #1025
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOWDEN, JULIA A
Address: 105 MARKET STREET, SUITE 306
City-St-Zip: CARILLON BEACH, FL 32413

Title: MGRM (X) Change () Addition
Name: BOWDEN, R. STEPHEN
Address: 105 MARKET STREET, SUITE 306
City-St-Zip: CARILLON BEACH, FL 32413

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: R. STEPHEN BOWDEN

MGRM

01/27/2005

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