

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022562

1. Entity Name
JAB BUILDING LLC



Principal Place of Business
400 EXECUTIVE CENTER DR. #207
WEST PALM BEACH, FL 33401

Mailing Address
400 EXECUTIVE CENTER DR
207
WEST PALM BEACH, FL 33401



02092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0134611

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, ANN H
400 EXECUTIVE CENTER DRIVE
STE 207
WEST PALM BEACH, FL 33401

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PERRY, ANN H
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE STE 207
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	JENSEN, BONNI S
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE STE 207
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	HANSON, HILL
STREET ADDRESS	400 EXECUTIVE CENTER DRIVE STE 207
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOS-4500453-1009068796
DEPOSIT ONLY 50.00
06/16/06--80001--001
~~100000587251~~
~~06/16/06-80001-001 5000.00~~

**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: *x*

Chalkey Ann H. Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 4/20/06 x 686-6550
Date Daytime Phone #