## 2005 LIMITED LIABILITY COMPANY

## Apr 12, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000048906** 04-12-2005 90017 027 \*\*\*\*50.00 1. Entity Name JIMMBO, LLC . 600402. -Principal Place of Business Mailing Address 2600 SOUTH OCEAN BLVD., #PH-B 2600 SOUTH OCEAN BLVD., #PH-B BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number 20 2275872 Applied For APPLIED FOR Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOCH, STUART E Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Delete Change TITLE TITLE ☐ Addition MARDAV MANAGEMENT CO., INC. NAME NAME 2600 SOUTH OCEAN BLVD. APT. PHB STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON,, FL 33432 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ---CITY-ST-ZIP TITLE Delete ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Hereby certify that the information supplied with this filling does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

4/1/05

561 417 4777

Daytime Phone #