

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050385

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: JACOB AND RACHEL, LLC

**Current Principal Place of Business:**

10081 PINES BLVD., SUITE C  
C/O ARNOLD STRAUS, JR.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

10081 PINES BLVD., SUITE C  
C/O ARNOLD STRAUS, JR.  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 41-2119177      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRAUS, ARNOLD JR.  
10081 PINES BLVD., SUITE C  
PEMBROKE PINES, FL 33024      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: SARKHOVITZ, JACOB  
Address: 3701 OTTAWA LANE  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JACOB SARKHOVITCH

MGR

04/06/2005

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