

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050385

**FILED**  
**Apr 19, 2006**  
**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SARKHOVITZ, JACOB  
Address: 3701 OTTAWA LANE  
City-St-Zip: COOPER CITY, FL 33026

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SARKHOVITZ, JACOB MGRM  
Address: 3701 OTTAWA LANE  
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SARKHOVITZ

MGR

04/19/2006

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