2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053396

1. Entity Name JABLA, LLC



Mar 20, 2008 08:00 AM Secretary of State

Principal Place of Business

10030 AMBERWOOD ROAD FORT MYERS, FL 33913

Mailing Address

10030 AMBERWOOD ROAD FORT MYERS, FL 33913



FILED

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03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0657082

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J 6719 WINKLER ROAD, #121 FORT MYERS, FL 33919

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	ove named entity submits this statement for the purpose of chaigations of registered agent	inging its registered office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATU	Signature: typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000864786 04/07/08-80001-018 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

POSMA, BONNE W NAME 10030 AMBERWOOD ROAD STREET ADDRESS FORT MYERS, FL 33913 CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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

CITY-ST-ZIP

B WPOSMA

3/13/08 239-54,-1561