

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000014685 1. Entity Name MICHAEL JAKUBCIN, LLC	
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Principal Place of Business 4351 BROWN ROAD CHRISTMAS FL 32709	Mailing Address 4351 BROWN ROAD CHRISTMAS FL 32709
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

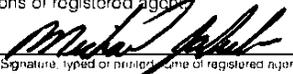
City & State	City & State	4. FEI Number 20-0768409	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JAKUBCIN, MICHAEL I 4351 BROWN ROAD CHRISTMAS FL 32709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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:  DATE: _____

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGR	<input type="checkbox"/>
NAME	JAKUBCIN, MICHAEL I	
STREET ADDRESS	4351 BROWN ROAD	
CITY-STATE-ZIP	CHRISTMAS FL 32709	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS / CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

L000000674610
03/23/07-80076-015 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: _____ Drying Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE