
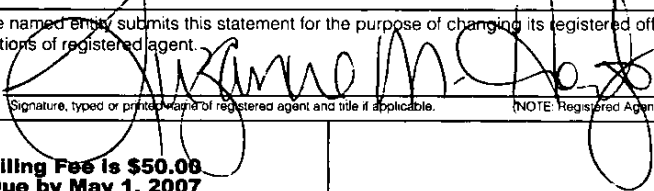
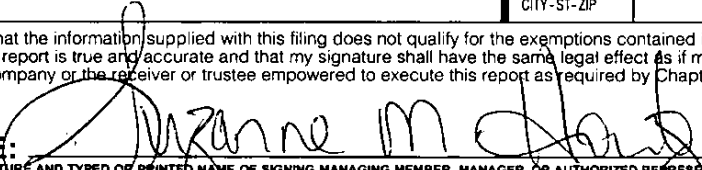


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054807 1. Entity Name JOBESA, LLC			
Principal Place of Business 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410		Mailing Address 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 7040-22 Seminole Pratt Whitney Rd Suite, Apt. #, etc.		3. Mailing Address 7040-22 Seminole Pratt Whitney Rd Suite, Apt. #, etc.	
City & State Loxahatchee, FL Zip 33470 Country US		City & State Loxahatchee, FL Zip 33470 Country US	
4. FEI Number 30-0278836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HORWITZ, SUZANNE M 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7040-22 Seminole Pratt Whitney Rd City Loxahatchee FL Zip Code 33470	
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 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORWITZ, SUZANNE M	NAME	
STREET ADDRESS	4369 NORTHLAKE BLVD.	STREET ADDRESS	7040-22 Seminole Pratt Whitney Rd
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	400095360594
CITY-ST-ZIP		CITY-ST-ZIP	03/30/07--01028--001 **\$50.00
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 3/22/07 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

FILED

07 MAR 26 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202007 Chg-LLC CR2E083 (12/06)