

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90071 001 \*\*\*\*\*5.00  
09-08-2006 90071 002 \*\*\*\*\*50.00

**30013202**



05022006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000069427</b>					
<b>1. Entity Name</b> JAMBORNE LLC					
<b>Principal Place of Business</b> 12301 NW 12 ST. PLANTATION, FL 33323			<b>Mailing Address</b> P.O. BOX 9746 FORT LAUDERDALE, FL		
<b>2. Principal Place of Business</b> 845 NW 4th Avenue		<b>3. Mailing Address</b> P.O. Box 5306			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Fort Lauderdale		<b>City &amp; State</b> Fort Lauderdale		<b>4. FEI Number</b> 26-3332699	
<b>Zip</b> 33311		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> ANGLIN, RANDAL <b>STREET ADDRESS</b> 12301 NW 12 ST. <b>CITY-ST-ZIP</b> PLANTATION, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Anglin, Randal <b>STREET ADDRESS</b> 901 NW 4th Avenue <b>CITY-ST-ZIP</b> Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> HERCULES, CHERYL <b>STREET ADDRESS</b> 12301 NW 12 ST. <b>CITY-ST-ZIP</b> PLANTATION, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ANGLIN, HYACINTH <b>STREET ADDRESS</b> 845 NW 4TH AVE <b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ANGLIN, GEROGIA <b>STREET ADDRESS</b> 845 NW 4TH AVE <b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Anglin, Gorgia <b>STREET ADDRESS</b> 845 NW 4th Avenue <b>CITY-ST-ZIP</b> Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> ANGLIN, BIRT <b>STREET ADDRESS</b> 5375 SUGARLOAF PARKWAY, #13103 <b>CITY-ST-ZIP</b> LAWRENCEVILLE, GA 30043	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Hyacinth Anglin</i>			<b>9-5-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		