2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 29, 2007 8:00 am Secretary of State

DOCU 1. Entity Nam JAMBOR		9427	(90039 020 ****5	
Principal Plac	e of Business	Mailing Address	<u> </u>		1		-	
845 NW 4TH AVE		PO BOX 5306						
FORT LAUDERDALE, FL 33311		FORT LAUDERDALE, FL 33311						
						COM CARA ÉLAN COM A	IN 2010 D INE 1011 DIGIT 11011	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08142007	Chg-LLC	CR2E083 (12/06	3)	
City & State		City & State		4. FEI Numbe 26-3332		-	Applied For Not Applicable	
Zip	Country	Zip	Country	,	5. Certificate	of Status Desired	Solution \$5.00 A Fee Requi	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and	Address of New	Registered Agent	
CORPORATE CREATIONS NETWORK, INC.				Name				
11380 PROSPERITY FARMS ROAD #22 PALM BEACH GARDENS, FL 33410				Street Address	s (P.O. Box Number is Not Acceptable)			
			_					
				City			FL Zip Co	ode
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered	office or registe	red agent, or both	n, in the State of F	lorida. I am familiar wit	n, and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered A	gent signature require	d when reinstating)		DATE	
	Signature, typed or printed name of registered agent ling. Fee Is \$50.00 by September 14, 2007	t and title if applicable. (NOTE	. Registered A	gent signature require	d when reinstating)		DATE ke check payable to la Department of Sta	
	ling Fee Is \$50.00		Registered A	gent signature require	d when reinstating)	Florid	ke check payable to	
Due t	ling Fee Is \$50.00 by September 14, 2007			gent signature require	d when reinstating)	Florid	ke check payable to la Department of Sta	nte
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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.

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE