2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90030 022 ****50.00

DOCUMENT # L04000070404

1. Entity Name
JAVAJOBS.COM, LLC

Principal Place of Business	Mailing Address
18026 VILLA CREEK DR. TAMPA, FL 33647	2141 N. UNIVERSITY DR. #278 CORAL SPRINGS, FL 33071

02152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2141 N. University DR	2141 N. University Dr
Suite, Apt. #, etc.: #278	Suite, Apt. #, etc.: #278
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. FEI Number: 542160568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCREEN, CHRISTIAN
18026 VILLA CREEK DR.
TAMPA, FL 33647
(Address Change ~~Only~~)

7. Name and Address of New Registered Agent

Name: Screen, Christian
Street Address (P.O. Box Number is Not Acceptable): 2141 N. University DR #278
City: Coral Springs FL Zip Code: 33071

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 [signature] DATE 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	SCREEN, CHRISTIAN		NAME	Screen, Christian	
STREET ADDRESS	18026 VILLA CREEK DR.		STREET ADDRESS	2141 N. University Dr. #278	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] 4/11/05 954 323 8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #