


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90027 036 \*\*\*138.75

<b>DOCUMENT # L04000087590</b>	
1. Entity Name <b>JALACO L.L.C.</b>	

Principal Place of Business <b>1101 WASHINGTON AVENUE MIAMI BEACH FL 33139</b>	Mailing Address <b>1101 WASHINGTON AVENUE MIAMI BEACH FL 33139</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>5001 N University DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Lauderhill, FL</b>
Zip	Zip <b>33351</b>
Country	Country <b>BROWARD</b>

2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent <b>STRATTON, DOUGLAS D ESQUIRE 407 LINCOLN ROAD, SUITE 2A MIAMI BEACH FL 33139</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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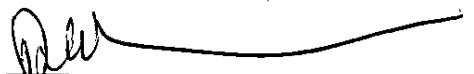
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELBIALI, ALAA <b>5001 N University DR</b> <del>1101 WASHINGTON AVENUE</del> <del>MIAMI BEACH FL 33139</del> <b>Lauderhill, FL 33351</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **8/13/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #