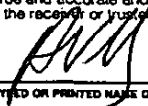


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

FILED
May 02, 2005 8:00 am
Secretary of State

03-15-2005 90350 004 ****50.00

DOCUMENT # L04000088148			
1. Entity Name JABA ENTERPRISES, LLC			
Principal Place of Business 530 OCEAN DR 202 JUNO BEACH, FL 33408		Mailing Address 530 OCEAN DR 202 JUNO BEACH, FL 33408	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03032005		Chg-LLC CR2E083 (10/03)	
4. FBI Number 20-1978910		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VILLA, AGUSTO E 536 OCEAN DRIVE 202 JUNO BEACH, FL 33408		Name Villa, Augusto E Street Address (P.O. Box Number is Not Acceptable) 530 Ocean Dr., #202 City Juno Beach FL Zip Code 33408	
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 relinquishing) DATE _____			
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 NAME STREET ADDRESS CITY - ST - ZIP	P VILLA, AGUSTO E 536 OCEAN DRIVE JUNO BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Villa, Augusto E 530 Ocean Dr., #202 Juno Beach, FL 33408 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VILLA, JOSE L 412 CARDINAL AVE MCALLEN, TX 78504 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9669 Wyeth Ct. Wellington, FL 33414 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		3/7/05 561-25-7124	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	