


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000000820</b> 1. Entity Name JOBS BY JAN L.L.C.	
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Principal Place of Business 1951 NE 39TH ST., #248 LIGHTHOUSE POINT, FL 33064	Mailing Address 1951 NE 39TH ST., #248 LIGHTHOUSE POINT, FL 33064
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03012007 No Chg-LLC CR2E083 (11/05)

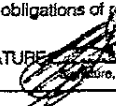
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1918745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CLERMONT, JANICE 1951 NE 39TH ST., #248 LIGHTHOUSE POINT, FL 33064
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLERMONT, JANICE 1951 NE 39TH ST., #248 LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLERMONT, RICHARD 1951 NE 39TH ST., #248 LIGHTHOUSE POINT, FL 33064
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03/27/07-80110-013 50.00

**DO NOT WRITE  
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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.

**SIGNATURE:**  JANICE CLERMONT **MARCH 15, 2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #