

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90069 006 \*\*\*\*55.00

<b>DOCUMENT # L05000004492</b>					
<b>1. Entity Name</b> J.J. ANTABLIAN LTD. CO.					
<b>Principal Place of Business</b> 467 S.E. LAKEVIEW DRIVE SEBRING, FL 33870			<b>Mailing Address</b> 467 S.E. LAKEVIEW DRIVE SEBRING, FL 33870		
<b>2. Principal Place of Business</b> 1851 LAKEVIEW DRIVE Suite, Apt. #, etc. SEBRING, FL City & State		<b>3. Mailing Address</b> 1851 LAKEVIEW DRIVE Suite, Apt. #, etc. SEBRING, FL City & State			
Zip 33870	Country USA	Zip 33870	Country USA	01072006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 52-2449848				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ANTABLIAN, JAY J 467 S.E. LAKEVIEW DRIVE SEBRING, FL 33870			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1851 LAKEVIEW DRIVE City    SEBRING    FL    Zip Code 33870		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTABLIAN, JAY J 467 S.E. LAKEVIEW DRIVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1851 LAKEVIEW DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jay Antablian</i>		3/26/06    863-382 6977			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					