

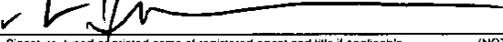
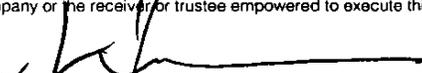
**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90190 003 ****50.00

DUPLICATE



DOCUMENT # L05000016502				
1. Entity Name JABORN, LLC		Principal Place of Business 19251 PERIMMON RIDGE ROAD ALVA, FL 33920		
2. Principal Place of Business - No P.O. Box #		Mailing Address PO BOX 223 ALVA, FL 33920		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02122007 Chg-LLC CR2E083 (12/06)
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
DEAN, V. KEITH 19251 PERIMMON RIDGE ROAD ALVA, FL 33920		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		Zip Code
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 		DATE 2-28-07		
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, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, KEITH	NAME		
STREET ADDRESS	PO BOX 223	STREET ADDRESS		
CITY-ST-ZIP	ALVA, FL 33920	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, TIM	NAME		
STREET ADDRESS	4470 ORANGE RIVER LOOP ROAD	STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905	CITY-ST-ZIP		
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERS, GREG	NAME		
STREET ADDRESS	2613 6TH STREET W	STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAINES, PAUL JR	NAME		
STREET ADDRESS	1870 MAHOGANY AVENUE NW	STREET ADDRESS		
CITY-ST-ZIP	LABELLE, FL 33935	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JOE	NAME		
STREET ADDRESS	2924 SW 2ND AVENUE	STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES, TIMOTHY J	NAME		
STREET ADDRESS	4470 ORANGE RIVER LOOP ROAD	STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905	CITY-ST-ZIP		
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: 		DATE 2-28-07		DAYTIME PHONE # 239-693-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #