

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042903

Entity Name: JAMALBRI ENTERPRISES, LLC

FILED  
Sep 05, 2006  
Secretary of State

## Current Principal Place of Business:

8053 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

## New Principal Place of Business:

5207 NW 99 AVENUE  
SUNRISE, FL 33351

## Current Mailing Address:

8053 LAKEPOINTE DRIVE  
PLANTATION, FL 33322

## New Mailing Address:

5207 NW 99 AVENUE  
SUNRISE, FL 33351

FEI Number: 56-2511811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GRANT, SIMONE  
Address: 8053 LAKEPOINTE DRIVE  
City-St-Zip: PLANTATION, FL 33322

Title: ST ( ) Delete  
Name: BARTHOLOMEW, MIRIAM  
Address: 8053 LAKEPOINTE DRIVE  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GRANT, SIMONE  
Address: 5207 NW 99 AVE  
City-St-Zip: SUNRISE, FL 33351

Title: ST (X) Change ( ) Addition  
Name: BARTHOLOMEW, MIRIAM  
Address: 5207 NW 99 AVENUE  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SIMONE GRANT

MGR

09/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date