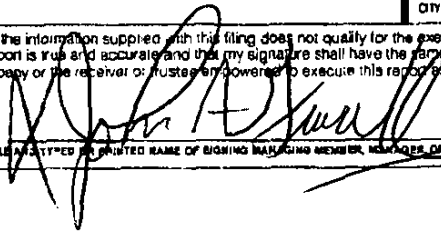


FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90129 044 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000052069					
1. Entity Name JACK & JAKE'S INVESTMENTS LLC					
Principal Place of Business 95 ROUTE 17 SOUTH, SUITE 201 PARAMUS, NJ 07652			Mailing Address 95 ROUTE 17 SOUTH, SUITE 201 PARAMUS, NJ 07652		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2919758				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-appointing)					
DATE _____					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GIOVATTO, JOHN		NAME		
STREET ADDRESS	95 ROUTE 17 SOUTH, SUITE 201		STREET ADDRESS		
CITY- ST- ZIP	PARAMUS, NJ 07652		CITY- ST- ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOLTHAM, FRANK		NAME		
STREET ADDRESS	278 RIVER STREET		STREET ADDRESS		
CITY- ST- ZIP	HACKENSACK, NJ 07601		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 			8/16/06 201-236-9700		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MEMBER OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		