

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90011 030 \*\*\*\*50.00

**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**

**60053271**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-2919758**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102**

Name **JOHN GIOVATTO/MANAGING PARTNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1700 MERIDIAN AVE UNIT 406**  
City **MIAMI BEACH, FL** Zip Code **33139**

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

Signature of agent or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

**07/12/2007**  
DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **GIOVATTO, JOHN**  
STREET ADDRESS **95 ROUTE 17 SOUTH, SUITE 201**  
CITY-ST-ZIP **PARAMUS, NJ 07652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HOLTHAM, FRANK**  
STREET ADDRESS **278 RIVER STREET**  
CITY-ST-ZIP **HACKENSACK, NJ 07601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**07/12/2007 201.226.9700**  
Date Daytime Phone #