

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90251 013 \*\*\*\*50.00

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DOCUMENT # L05000090129					
1. Entity Name <b>JABS, LLC</b>					
Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US			Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box # <b>8200 113th STREET</b>		3. Mailing Address <b>8200 113th STREET</b>			
Suite, Apt. #, etc. <b>SUITE #103</b>		Suite, Apt. #, etc. <b>SUITE #103</b>			
City & State <b>SEMINOLE, FL.</b>		City & State <b>SEMINOLE, FL.</b>			
Zip <b>33772</b>	County <b>PINELLAS</b>	Zip <b>33772</b>	County <b>PINELLAS</b>	4. FEI Number <b>20-3505149</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARTHOLMEY, SCOTT</b> <b>8666 SEMINOLE BLVD.</b> <b>SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8200 113th STREET SUITE #103</b> City <b>SEMINOLE</b> FL <b>33772</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. SIGNATURE: <b>SCOTT BARTHOLMEY</b> <b>4/30/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>BARSA ENTERPRISES LLC</b> <b>8666 SEMINOLE BOULEVARD</b> <b>SEMINOLE, FL 33772</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8200 113th STREET SUITE #103</b> <b>SEMINOLE, FL. 33772</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>SCOTT BARTHOLMEY</b> <b>4/30/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date Daytime Phone #		