

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106323

Entity Name: JIMBOCA, LLC

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2615 PARK AVENUE SOUTH, #518  
MINNEAPOLIS, MN 55407

**New Principal Place of Business:**

2615 PARK AVENUE SOUTH  
STE, 518  
MINNEAPOLIS, MN 55407

**Current Mailing Address:**

2615 PARK AVENUE SOUTH, #518  
MINNEAPOLIS, MN 55407

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCKEY, PRESTON O JR  
201 NORTH FRANKLIN STREET, SUITE 3410  
TAMPA, FL 33602 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: COHEN, JAMES H  
Address: 2615 PARK AVE. SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55407

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: JAMES H. COHEN

MR.

03/21/2006

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