2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000112730

Entity Name: JACOB ABRAHAM, LLC

Current Principal Place of Business:

2815 E HENRY AVENUE
SUITE B-4
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

2815 E HENRY AVENUE
SUITE B-4
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-3787937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMITT, DAVID A JR
4503 HICKORY LANE
BRANDON, FL 33511 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:	MGRM	( ) Delete
Name:	SCHMITT, DAVID A JR	
Address:	4503 HICKORY LN	
City-St-Zip:	BRANDON, FL 33511 US	
Title:	MGRM	( ) Delete
Name:	MALOUF, JASON F	
Address:	2815 E HENRY AVENUE SUITE B-4	
City-St-Zip:	TAMPA, FL 33614 US	
Title:	MGRM	( ) Delete
Name:	HYER, RAYMOND T	
Address:	4129 SALTWATER BLVD	
City-St-Zip:	TAMPA, FL 33615 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	MALOUF, JASON F	
Address:	3107 MOSSVALE LANE	
City-St-Zip:	TAMPA, FL 33618 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A SCHMITT JR PRES 04/30/2008

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