

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000002228</b> 1. Entity Name <b>JABRAD ENTERPRISES, LLC</b>			
Principal Place of Business <b>4560 N. HIGHWAY U.S. 1 BUNNELL, FL 32110 US</b>		Mailing Address <b>4560 N. HIGHWAY U.S. 1 BUNNELL, FL 32110 US</b>	
2. Principal Place of Business - No P.O. Box # <b>800 N STATE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 354768</b> Suite, Apt. #, etc.	
City & State <b>BUNNELL FL</b> Zip <b>32110</b> Country <b>US</b>		City & State <b>PALM COAST FL</b> Zip <b>32135-4768</b> Country <b>US</b>	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GORNT0, L A JR. 149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROSS, DENNIS C 4560 N. HIGHWAY U.S. 1 BUNNELL, FL 32110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO BOX 354768 PALM COAST FL 32135-4768</b> <input checked="" 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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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>4/17/07</b> Daytime Phone # <b>386 437-7007</b>	

FILED  
07 APR 26 PM 3:39  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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