2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L06000002228

Entity Name: JABRAD ENTERPRISES, LLC

Current Principal Place of Business:

800 N STATE ST
BUNNELL, FL 32110 US

New Principal Place of Business:

4601 EAST MOODY BLVD
D2
BUNNELL, FL 32110 US

Current Mailing Address:

P.O. BOX 354768
PALM COAST, FL 321354768

New Mailing Address:

PO BOX 354768
PALM COAST, FL 321354768

FEI Number: 20-4868587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORNTO, L A JR.
149 S. RIDGEWOOD AVENUE
SUITE 550
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

TRAUSNECK, PAMELA
4601 EAST MOODY BLVD
D2
BUNNELL, FL 32110 US

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: PAMELA TRAUSNECK 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROSS, DENNIS C
Address: P.O. BOX 354768
City-St-Zip: PALM COAST, FL 321354768 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROSS, DENNIS C
Address: PO BOX 354768
City-St-Zip: PALM COAST, FL 321354768 US

Title: MGR ( ) Change (X) Addition
Name: TRAUSNECK, PAMELA G
Address: P O BOX 354768
City-St-Zip: BUNNELL, FL 32110

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: PAMELA TRAUSNECK MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date