

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000025244

1. Entity Name  
JAB INVESTMENTS LLC



**FILED**  
07 JAN 16 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3698 GULF STREAM WAY  
DAVIE, FL 33328

Mailing Address  
3698 GULF STREAM WAY  
DAVIE, FL 33328

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRAGAN, JORGE A  
3698 GULF STREAM WAY  
DAVIE, FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

01/12/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BARRAGAN, JORGE A  
STREET ADDRESS 3698 GULF STREAM WAY  
CITY-ST-ZIP DAVIE, FL 33328

TITLE ~~MGRM~~ ☐ Delete  
NAME BARRAGAN, SEBASTIAN A  
STREET ADDRESS 3698 GULF STREAM WAY  
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM ☒ Delete  
NAME RESTREPO DE BARRAGAN, SONIA  
STREET ADDRESS 3698 GULF STREAM WAY  
CITY-ST-ZIP DAVIE, FL 33328

TITLE ~~MGRM~~ ☐ Delete  
NAME BARRAGAN, JORGE A  
STREET ADDRESS 3698 GULF STREAM WAY  
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM ☒ Delete  
NAME BARRAGAN, VANESSA  
STREET ADDRESS 3698 GULF STREAM WAY  
CITY-ST-ZIP DAVIE, FL 33328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 000085646430  
STREET ADDRESS 01/23/07--01006--005 \*\*50.00  
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addi  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/12/07

City

Daytime Phone #