2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007
Secretary of State

DOCUMENT# L06000034096

Entity Name: JALICU, LLC

Current Principal Place of Business:

30522 US 19 NORTH
SUITE 109
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

30522 US 19 NORTH
SUITE 109
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIBREROS, JAIRO
30522 US 19 NORTH
SUITE 109
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

LIBREROS, JAIRO MD, PA
30522 US 19 NORTH
SUITE 109
PALM HARBOR, FL 34684 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: LUZ D LIBREROS 07/10/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LIBREROS, JAIRO
Address: 30522 US 19 NORTH, SUITE 109
City-St-Zip: PALM HARBOR, FL 34684 US

Title: MGRM ( ) Delete
Name: LIBREROS, LUZ D
Address: 30522 US 19 NORTH, SUITE 109
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUZ D LIBREROS MNGR 07/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date