

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047717

Entity Name: JAMALBRI, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

1584 SW 159TH LANE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

3955 NW 75TH TERRACE
LAUDERHILL, FL 33319

Current Mailing Address:

1584 SW 159TH LANE
PEMBROKE PINES, FL 33027

New Mailing Address:

3955 NW 75TH TERRACE
LAUDERHILL, FL 33319

FEI Number: 22-3947525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, BERNICE
1584 SW 159TH LANE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

KNIGHT, BERNICE
3955 NW 75TH TERRACE
LAUDERHILL, FL 33319 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, BERNICE
Address: 1584 SW 159TH LANE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: KNIGHT, FREDERICK
Address: 1584 SW 159TH LANE
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KNIGHT, BERNICE
Address: 3955 NW 75TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: MGRM (X) Change () Addition
Name: KNIGHT, FREDERICK
Address: 3955 NW 75TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

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: BERNICE KNIGHT

MGRM

04/25/2008

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