2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# L06000053036

Entity Name: ABRAHAM, ISSAC, AND JACOB, LLC

Current Principal Place of Business:

3426 MADGE STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

3426 MADGE STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:

WRIGHT, CAROLYN
3426 MADGE STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WRIGHT, CAROLYN
Address: 3426 MADGE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM ( ) Delete
Name: JACKSON, DEBRA
Address: 11053 ACORN PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM ( ) Delete
Name: MCCLENNON, MICHAEL
Address: 3426 MADGE STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES:

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

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: CAROLYN Y. WRIGHT MGRM 05/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date