

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088778

Entity Name: JOBIL INVESTMENTS, LLC

FILED  
Mar 30, 2007  
Secretary of State

**Current Principal Place of Business:**

944 BROOKDALE DRIVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

944 BROOKDALE DRIVE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DITTMAN, ROBERT A ESQ.  
C/O DITMAN DOWLING & SCHONE, LLP  
151 N.W. FIRST AVENUE  
DELRAY BEACH, FL 334442611 US

**Name and Address of New Registered Agent:**

MARTINI, WILLIAM C  
944 BROOKDALE DRIVE  
BOYNTON BEACH, FL 33435 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: WILLIAM C MARTINI

03/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINI, WILLIAM C  
Address: 944 BROOKDALE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM ( ) Delete  
Name: NICHOLS, JOAN M  
Address: 944 BROOKDALE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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 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: JOAN M NICHOLS

MGRM

03/30/2007

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