FILED
Apr 15, 2008 8:00 am
Secretary of State
03-20-2008 90178 044 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000006607

1. Entity Name

J O R B A, LLC

Principal Place of Business	Mailing Address
15951 SHADY HILL RD SPRING HILL FL 34610 US	15951 SHADY HILL RD SPRING HILL FL 34610 US

JUUUJOJJ

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21705 Bowman RD	PO Box 11432
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State: Spring Hill FL
Zip: 34610 Country: U.S	Zip: 34610 Country: U.S

4. FEI Number: 20-8331850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE L
15951 SHADY HILL RD
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name: Jorge L Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 21705 Bowman RD

City: Spring Hill FL Zip Code: 34610

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: Jorge L Rodriguez DATE: 3/6/08

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, JORGE L		NAME		
STREET ADDRESS	15951 SHADY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROMERO, DOMINGA B		NAME		
STREET ADDRESS	15951 SHADY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jorge L Rodriguez 3/6/08 (305) 910-6493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #