

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90133 003 ****50.00

DOCUMENT # L02000015917

1. Entity Name
 JABIL BUILDING ASSOCIATES, L.L.C.



Principal Place of Business
 4034 ROBERTS POINT ROAD
 SARASOTA, FL 34242

Mailing Address
 4034 ROBERTS POINT ROAD
 SARASOTA, FL 34242



07062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 02-0626937

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, CHARLES
 4034 ROBERTS POINT ROAD
 SARASOTA, FL 34242

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARGER, MICHAEL E
STREET ADDRESS	4200 4TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	MGR
NAME	KNOWLES, CHARLES
STREET ADDRESS	4034 ROBERTS POINT ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	K & K REAL PROPERTIES
STREET ADDRESS	4034 ROBERTS POINT ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGR
NAME	MIDA GROUP, LLC
STREET ADDRESS	4200 4TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Michael E Barger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-8-04

927-520-7711

Date

Daytime Phone #