


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State


DOCUMENT # L03000052106

1. Entity Name
JBC, LLC



| | |
|--|--|
| Principal Place of Business 12850 COMMODITY PLACE TAMPA, FL 33626 | Mailing Address 12850 COMMODITY PLACE TAMPA, FL 33626 |
|--|--|

DO NOT WRITE IN THIS SPACE



02052008 No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0469422 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FOWLER WHITE BOGGS BANKER P.A.
 C/O JEFFREY C. SHANNON
 501 E KENNEDY BLVD, STE 1700
 TAMPA, FL 33602**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------------|
| TITLE MGR | NAME CASTELLANO, VINCENT |
| STREET ADDRESS 12850 COMMODITY PLACE | CITY-ST-ZIP TAMPA, FL 33626 |
| TITLE MGR | NAME CASTELLANO, BRIAN A |
| STREET ADDRESS 5007 TORREYHILLS LANE | CITY-ST-ZIP LUTZ, FL 33558 |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

U00000824146
 02/20/08-80066-010 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *V. Castellano* **V. Castellano** *2/5/08* *813-925-0777*

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