

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116416

Entity Name: JB FINANCIAL TRUST LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

12674 TROPIC DRIVE NORTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12674 TROPIC DRIVE NORTH
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 22-3949013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BACLIG, CHITO
12674 TROPIC DRIVE NORTH
JACKSONVILLE, FL 32225 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: CDB

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BACLIG, CHITO
Address: 12674 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: BACLIG, MARIBETH
Address: 12674 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: BACLIG, CHITO
Address: 12674 TROPIC DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

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: CDB

MGR

04/29/2008

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