FILED Feb 29, 2008 8:00 am Secretary of State

2008	LIMITED	LIABI	LITY (COMP	ANY
	ANNU	JAL R	EPOR	T	

DOCUMENT # L07000015706 1. Entity Name J.B. & ASSOCIATES LIMITED LIABILITY COMPANY						02-29-2008	90100 03	15 ***13	8.75
Principal Place of Business 283 CASCARA DR., EAST JACKSONVILLE, FL 32225		Mailing Address 283 CASCARA DR., EAST JACKSONVILLE, FL 32225					N 48811 88118 812	BB (31 1 84)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008	Chg-LLC	CR2E0	33 (12/06)		
City & State		City & State			4. FEI Number	43567	195		plied For t Applicable
Zîp	Country	Zip Coun		try	<u></u>	f Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current R				Namo	7. Name and A	ddress of New R	egistered A	gent	
BROEKMAN, JEFFREY G 283 CASCARA DR., EAST JACKSONVILLE, FL 32225				Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	WILLE, FL 32225			City				Zip Code	
							FL		
	named entity submits this statement for tions of registered agent.	the purpose of changing its.	registere	ed office or register	ed agent, or both,	, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	E: Registered	d Agent signature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					S.		e check pa i Departme	ayable to ont of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BROEKMAN, JEFFREY G		NAME	l l					
			STRE	ET ADDRESS					•
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-						
CITY-ST-ZIP	JACKSONVILLE, FL 32225 MGRM	☐ Delete	CITY-					Change	Addition
CITY-ST-ZIP	JACKSONVILLE, FL 32225	☐ Delete	CITY- TITLE NAME					☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	JACKSONVILLE, FL 32225 MGRM BROEKMAN, LISA B	☐ Delete	CITY- TITLE NAME STREE	:				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32225 MGRM BROEKMAN, LISA B 283 CASCARA DR., EAST	☐ Delete	CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP				☐ Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32225 MGRM BROEKMAN, LISA B 283 CASCARA DR., EAST		CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32225 MGRM BROEKMAN, LISA B 283 CASCARA DR., EAST	☐ Delete	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				☐ Change	☐ Addition
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