

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 021 ****50.00

DOCUMENT # L01000003320

1. Entity Name

FIVE JBI, LLC



Principal Place of Business

6501 S.W. 111 STREET
PINECREST FL 33156

Mailing Address

6501 S.W. 111 STREET
PINECREST FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

Miami, FL

City & State

5902 S.W. 105th St.

City & State

5902 S.W. 105th St.

Zip

33156

Country

USA

Zip

33156

Country

USA

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1083099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LADIS, BARRY
6501 S.W. 111 STREET
PINECREST FL 33156

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

5902 S.W. 105th St.

City

Miami

FL

Zip Code

33156

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 of person submitting statement of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME LADIS, BARRY
STREET ADDRESS 6501 SE 111 STREET
CITY-ST-ZIP PINECREST FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Ladis, Barry
STREET ADDRESS 5902 S.W. 105th St.
CITY-ST-ZIP Miami, FL 33156 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TITLE OF SIGNED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05/01/05

Date

305-962-7361

Daytime Phone #