FROM : FAX NO. : Apr. 30 2005 11:42PM P2

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006620

1. Entity Name
JJB & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
305 S. ANDREWS AVE., STE. 113 FT LAUDERDALE, FL 33301	305 S. ANDREWS AVE., STE. 113 FT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

05012005 No Chg-LLC CR2E083 (10/00)

4. FEI Number
65-1097445

Applied For
Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

Not Ne... Only

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	POLK, BONNIE
STREET ADDRESS	305 S. ANDREWS AVE., STE. 113
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80056-013 50.00

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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: Bonnie S. Polk - Bonnie S. Polk - 5-01-005
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(954) 761-1120