FILE
Apr 27, 2007
Secretary

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000006620

1. Entity Name
JJB & ASSOCIATES, LLC

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

Mailing Address
305 S. ANDREWS AVE., STE. 113
FT LAUDERDALE, FL 33301

100000738150
05/11/07-80056-020 50.00

0425 2007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1097445
☐ Applied for
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when role stating)*

Filing Fee is $50.00
Due by May 1, 2007

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	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.*

Bonnie S Polk - Bonnie Polk

SIGNATURE: Bonnie S. Polk BONNIE POLK 04/20/2007 (954)-761-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Cashier clc Enclosed 50.00 Bonnie S Polk 4/20/007 (954)-761-1120