

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014194**

**1. Entity Name**  
**JB VENTURES, LLC**



**Principal Place of Business**  
**P.O. BOX 3369**  
**PLACIDA, FL 33946**

**Mailing Address**  
**P.O. BOX 3369**  
**PLACIDA, FL 33946**



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1132922	<b>Applied For</b> Not Applicable
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**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RICE, MELISSA K**  
**1900 MAIN STREET**  
**SUITE 300**  
**SARASOTA, FL 34236**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000111042  
04/12/04-80107-009 55.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>MGRM</b> <b>HUFFMAN, ELIZABETH A</b> <b>P.O. BOX 3369</b> <b>PLACIDA, FL 33946</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** Elizabeth A. Huffman **Elizabeth A. Huffman** **1-7-04** ~~1-7-04~~ **698-0852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #