

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/1

FILED
Feb 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 018 ****50.00

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**

DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1132922

Applied For
Not Applicable

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**

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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 renouncing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUFFMAN, ELIZABETH A
P.O. BOX 3369
PLACIDA, FL 33946**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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.

SIGNATURE: *Elizabeth A. Huffman* 02-07-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #