

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022980

Entity Name: KJB, LLC

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

7051 NW 40TH ST.
CHIEFLAND, FL 32626

New Principal Place of Business:

10551 NW 70TH STREET
CHIEFLAND, FL 32626

Current Mailing Address:

7051 NW 40TH ST.
CHIEFLAND, FL 32626

New Mailing Address:

10551 NW 70TH STREET
CHIEFLAND, FL 32626

FEI Number: 54-2078633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWLEY, MICHAEL S MTAXCPA
1735 W. HIBISCUS BLVD., STE 200
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRINKMAN, KAREN M MGR
Address: 7051 NW 40TH ST.
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM () Delete
Name: BRINKMAN, JOE N MGRM
Address: 7051 NW 40TH ST.
City-St-Zip: CHIEFLAND, FL 32626 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRINKMAN, KAREN M MGR
Address: 10551 NW 70TH STREET
City-St-Zip: CHIEFLAND, FL 32626 US

Title: MGRM (X) Change () Addition
Name: BRINKMAN, JOE N MGRM
Address: 10551 NW 70TH STREET
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAREN BRINKMAN

MGR

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date