2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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TITLE
NAME
STREET ADORESS

Apr 10, 2007 08:00 AM Secretary of State **DOCUMENT # L02000026631** 1. Entity Name JOBE, LLC Principal Place of Business Mailing Address **POB 83 POB 83** TERRA CEIA, FL 34250 TERRA CEIA, FL 34250 04062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIPP, ROBERT J DO NOT WRITE **POB 83** TERRA CEIA, FL 34250 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 aignature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME ZIPP, ROBERT J U00000698306 04/18/07-80076-008 50.00 STREET ADDRESS PO8 83 CITY-ST-ZIP TERRA CEIA, FL 34250 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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: 6 APP 1 2007 (94)724-006