

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033608

1. Entity Name  
J. AND B. L.L.C.



Principal Place of Business  
1219 BLUE RD.  
CORAL GABLES, FL 33146 US

Mailing Address  
1219 BLUE RD.  
CORAL GABLES, FL 33146 US

FILED

05 MAR 24 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1564445

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

GOLDSWORTH, JACK  
1219 BLUE RD.  
CORAL GABLES, FL 33146

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GOLDSWORTH, JACK  
STREET ADDRESS 1219 BLUE RD.  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

200049646132  
04/01/05--01007--004 \*\*250.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/05