2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016254

1. Entity Name
JBJ REALTY, LLC

Principal Place of Business	Mailing Address
5109 CREEKSIDE TR SRASOTA, FL 34243 US	5109 CREEKSIDE TR SARASOTA, FL 34243 US

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
81-0615975
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DETORRES, JAMES E MGR
5109 CREEKSIDE TR
SARASOTA, FL 34243

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

Filing Fee is $50.00
Due by May 1, 2006

100000384486
01/17/06-80014-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DETORRES, JAMES E MGR
STREET ADDRESS	5109 CREEKSIDE TR
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	MGR
NAME	COZZI, ROBERT M MGR
STREET ADDRESS	1038 WEST RD
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	MGR
NAME	KUEBLER, JAMES F MGR
STREET ADDRESS	9511 ROYAL CALCUTTA PL
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: James DeTorres 1/9/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #