2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000019005

J & B INVESTMENTS OF PENSACOLA, LLC

04-04-2005 90428 011 ****50.00

Apr 04, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

5736 PRINCETON DR. PENSACOLA, FL 32526 Mailing Address

5736 PRINCETON DR. PENSACOLA, FL 32526



02142005 No Chg-LLC

CR2E083 (10/03)

FEI Number 54-2116793 4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R . 13

DO	TON	"WR	ITE
IN	THIS	SPA	CE

	OU BLVD., STE. 13	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fi	lling Fee is \$50.00 ue by May 1, 2005	
9	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLEY, JACK JR 5736 PRINCETON DR. PENSACOLA, FL 32526	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLEY, ELIZABETH 5736 PRINCETON DR. PENSACOLA, FL 32526	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-S1-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filing does not d	qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report is frue 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 of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 💆

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

Mannaer

Daytime Phone #