2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

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DOCUMENT # L03000020964 1. Entity Name JTB, LLC				Sec	retary of State
Principal Place of Business Mailing Address 1031 W. MORSE BLVD., SUITE 300 1031 W. MORSE BLVD., SUITE 300 WINTER PARK, FL 32789 WINTER PARK, FL 32789			I PORTUBUL DUK MRIMM (TITIF DRIIK WENN KAND)	98118 1884 98168 1818 8607 9(1888 11] [18]	
DO NOT WRITE IN THIS SPACE			03032005No Chg-LLC CR2E083 (10/03)		
	W NOT WAITE	IN THIS STA	UE	4. FEI Number 20-0572422	Applied For Not Applicable
	S. C. Want D.			5. Certificate of Status Desired	S5.00 Additional Fee Required
S. Name and Address of Current Registered Agent SWANN & HADLEY, P.A. 1031 W. MORSE BLVD., SUITE 300 WINTER PARK, FL 32789				DO NOT WI IN THIS SP	CARLO COLORES E SERVICIO DE CARBONA PROPERTO DE CONTRA POR LA COLORES DE CONTRA PORTE DE CONTR
	named entity submits this statement for the name of registered agent.	ne purpose of changing its register	red office or registere	ad agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.		NATTE Register	Pari was a mark sa rugu irad	- Indiana	DATE
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) Pilling Fee is \$50.00 Due by Mary 1, 2005					
9.	MANAGING MEMBERS	S/MANAGERS			AMBEGIANI. MALAKA MERIPER SEMPEMBER
TITLE	MGRM				
NAME Street address	BARNES, JAMES T JR. 1031 W. MORSE BLVD., SUITE 30	מו			
CITY-ST-ZIP	WINTER PARK, FL 32789	Ü		oj, joji i 1718 ka tipla (pepie) Haliki izanili ili ili ili pepie)	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated 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 INDITYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPRESENTATIVE

3/14/05

407-628-8700

Daytime Phone #