## -2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000024273**

1. Entity Name

J&B ÉNTERTAINMENT HOLDINGS, LLC



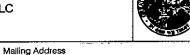
FILED
May 02, 2005 08:00 AM
Secretary of State

Principal Place of Business

1817 S. OCEAN DRIVE

417

HALLANDALE BEACH, FL 33009



1817 S. OCEAN DRIVE

HALLANDALE BEACH, FL 33009

04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For

5. Certificate of Status Desired

05-0576171

Not Applicable

\$5.00 Additional
Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENETT, BRYAN 1817 S. OCEAN DRIVE 417

HALLANDALE, FL 33009

DC	NOT	WRITE
IN	THIS	SPACE

	pove named entity submits this statement for the purpose of cha ligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and a	ccept
SIGNATU			<del></del>	<del></del> .
	Signature, typod 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	MGRM	,		

TITLE	MGRM
NAME	TORTORELLA, JOSEPH
STREET ADDRESS	1817 S OCEAN DRIVE. #417
CAY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	MGRM
NAME	LENETTE, BRYAN
STREET ADDRESS	1817 S OCEAN DRIVE APT.417
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

U00000356078 05/04/05-80621-013 50.00

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

4/20/05

Daytime Phone #