


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90055 008 ****55.00

DOCUMENT # L03000027805					
1. Entity Name JBS INVESTMENTS, LLC					
Principal Place of Business 1545 NORTHEAST OCEAN BLVD., #401-S STUART, FL 34996			Mailing Address 1545 NORTHEAST OCEAN BLVD., #401-S STUART, FL 34996		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0124955	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, GEORGE 585 SOUTH RONALD REAGAN BLVD., SUITE 121 LONGWOOD, FL 32750-5462			7. Name and Address of New Registered Agent Name <u>Michael C Sayre</u> Street Address (P.O. Box Number is Not Acceptable) <u>1545 NE Ocean Blvd</u> <u># 401 S</u> City <u>Stuart</u> FL Zip Code <u>34996</u>		
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 <u>[Signature]</u> DATE <u>7-9-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME SAYRE, MICHAEL C STREET ADDRESS 63 EAST BROAD STREET CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE MGRM NAME Sayre, Michael C. STREET ADDRESS 1545 NE Ocean Boulevard, #401S CITY-ST-ZIP Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME JOHNSON, WALTER STREET ADDRESS 65 EAST BROAD STREET CITY-ST-ZIP TITUSVILLE, FL 32796	<input type="checkbox"/> Delete		TITLE MGRM NAME Johnson, Walter STREET ADDRESS 67 East Broad Street CITY-ST-ZIP Titusville, FL 32796	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>7-9-04</u> 407-616-9001 <small>Daytime Phone #</small>		