

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029776

Entity Name: JOBI, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

5501 S.W. SUNSHINE FARMS WAY
PALM CITY, FL 33990

New Principal Place of Business:

7600 SW FOX BROWN ROAD
INDIANTOWN, FL 34956

Current Mailing Address:

5501 S.W. SUNSHINE FARMS WAY
PALM CITY, FL 33990

New Mailing Address:

7600 SW FOX BROWN ROAD
INDIANTOWN, FL 34956

FEI Number: 72-1581692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHEY, WILLIAM L
5501 S.W. SUNSHINE FARMS WAY
PALM CITY, FL 33990 US

Name and Address of New Registered Agent:

O'BANNON, ELIZABETH A
7600 SW FOX BROWN ROAD
INDIANTOWN, FL 34956 US

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.

SIGNATURE: ELIZABETH OBANNON

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RICHEY, LINDA S
Address: 5501 S.W. SUNSHINE FARMS WAY
City-St-Zip: PALM CITY, FL 33990

Title: MGRM () Delete
Name: RICHEY, WILLIAM L
Address: 5501 S.W. SUNSHINE FARMS WAY
City-St-Zip: PALM CITY, FL 33990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ELIZABETH OBANNON

SEC

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date