2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# L03000029776

Entity Name: JOBI, LLC

Current Principal Place of Business:

7600 SW FOX BROWN ROAD
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

7600 SW FOX BROWN ROAD
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 72-1581692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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	
Title:	MGRM	( ) Delete
Name:	OBANNON, FLOYD J	
Address:	7600 SW FOX BROWN ROAD	
City-St-Zip:	INDIANTOWN, FL 34956	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 Chapter 119, 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 MGRM 03/14/2007

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