


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

04-20-2004 90188 040 ****55.00

DOCUMENT # L03000031531	
1. Entity Name J.B., LLC	

Principal Place of Business 1501 SE DECKER AVENUE #123 STUART, FL 34994	Mailing Address 1501 SE DECKER AVENUE #123 STUART, FL 34994
---	---

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2970 Suite, Apt. #, etc.	
City & State STUART, FL		City & State STUART, FL	
Zip 34995	Country USA	Zip 34995	Country USA

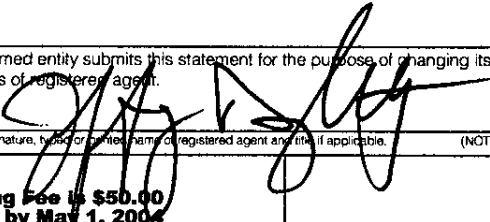


01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1705448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOOGE, HOWARD E JR 401 E. OSCEOLA STREET STUART, FL 34994		7. Name and Address of New Registered Agent Name JEFFREY P. DOUGHERTY Street Address (P.O. Box Number is Not Acceptable) 6301 SE FEDERAL HWY City STUART FL 34997	
---	--	--	--

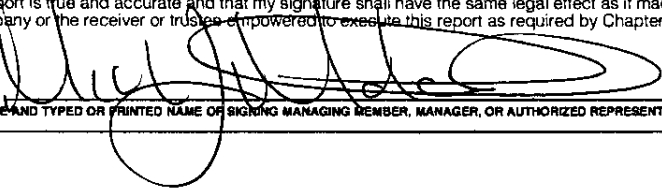
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-M JEFFREY P. DOUGHERTY 6301 SE FEDERAL HWY STUART, FL 34997 <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	MGR-M MICHAEL J. NATAKATI 4900 S.E. SPINNAKER PT PL STUART FLA 34996 <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
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:  **4/15/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #