

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90034 040 \*\*\*\*50.00

**20045061**



04292006 Chg-LLC CR2E083 (11/05)

|  |  |  |  |                 |  |
|--|--|--|--|-----------------|--|
| <b>DOCUMENT # L03000035006</b><br>1. Entity Name<br><b>J. B. RANDALL, LLC</b>  |  |  |  |                 |  |
| Principal Place of Business<br><b>1735 E. WAYCROSS CIRCLE<br/>DELTONA, FL 32725</b>  |  |  | Mailing Address<br><b>P. O. BOX 5504<br/>DELTONA, FL 32728 US</b>  |                 |  |
| 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<br><b>20-0231214</b>   |  |  | Applied For<br><input type="checkbox"/> Not Applicable             |                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | <b>\$5.00</b> Additional Fee Required                              |                 |  |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent                        |                 |  |
| <b>SMITH, RANDALL S<br/>1735 E. WAYCROSS CIRCLE<br/>DELTONA, FL 32725</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                 |  |
|  |  |  | State <b>FL</b> Zip Code   |                 |  |
| 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 _____  |  |  |  |                 |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |                 |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>SMITH, RANDALL S<br/>1735 E. WAYCROSS CIRCLE<br/>DELTONA, FL 32725</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>SMITH, JOHN B<br/>2861 IDLEWEISE DRIVE<br/>DELTONA, FL 32738</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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. |  |  |  |                 |  |
| <b>SIGNATURE:</b> <i>Randall S Smith</i>   |  | <b>RANDALL S SMITH</b><br><b>MGRM 5-1-06</b>                 |  |                 |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date   |  | Daytime Phone # |  |