
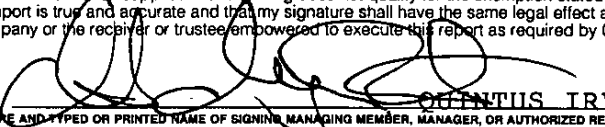


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90102 030 ****50.00

DOCUMENT # L03000039663 1. Entity Name QJB PROPERTIES, LLC					
Principal Place of Business 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177			Mailing Address 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177		
2. Principal Place of Business 440 N. Highway 19 Suite, Apt. #, etc.		3. Mailing Address 440 N. Highway 19 Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0287811	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRVING ROBERTS, QUINTUS 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 440 N. Highway 19, City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING ROBERTS, QUINTUS 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 N. Highway 19,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING ROBERTS, QUINTUS JR. 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 N. Highway 19,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANTON ROBERTS, JOSEPH 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 N. Highway 19,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIOTT ROBERTS, BLAKE 620-B US HIGHWAY 19 SOUTH PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 N. Highway 19,		
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:  QUINTUS IRVING ROBERTS					
Date 4-18-05 Daytime Phone # 386-329-4000					