

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045081

Entity Name: JBC REAL ESTATE, LLC

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

925 STONE HARBOR DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

3784 GOLDEN REEDS LANE
JACKSONVILLE, FL 32224 US

Current Mailing Address:

925 STONE HARBOR DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

3784 GOLDEN REEDS LANE
JACKSONVILLE, FL 32224 US

FEI Number: 74-3109448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINCY, MALCOLM G JR.
925 STONE HARBOR DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

QUINCY, MALCOLM G JR.
3784 GOLDEN REEDS LANE
JACKSONVILLE, FL 32224 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:

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: QUINCY, MALCOLM G JR.
Address: 925 STONE HARBOR DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUINCY, MALCOLM G JR.
Address: 3784 GOLDEN REEDS LANE
City-St-Zip: JACKSONVILLE, FL 32224 US

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: MALCOLM G QUINCY JR.

MGR

05/02/2005

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