

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90060 007 ****50.00

DOCUMENT # L03000047748

1. Entity Name
JB DEVELOPMENT OF DAVENPORT, LLC



Principal Place of Business
1001 NORTH LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751

Mailing Address
1001 NORTH LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751

24078628



2. Principal Place of Business

2025 Florence Villa Grove Rd.

3. Mailing Address

2025 Florence Villa Grove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-LLC CR2E083 (10/03)

City & State

Davenport, FL

City & State

Davenport, FL

4. FEI Number

05-0597818'

Applied For

Not Applicable

Zip
33837

Country

U.S.

Zip
33837

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENERAL COUNSEL ADVISORS, P.A.
1001 NORTH LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00

Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP William J. Hayes Pres. / MGRM ☐ Change ☒ Addition
131 Vistaview Dr., Vista Park Resort
Davenport, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP William B. Thompson VP / MGRM ☐ Change ☒ Addition
55 Clare Rd., Gilford, Craigavon
Cty Armagh, Northern Ireland BT636AG

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(John Hayes) 8/04/04 863 420 1999