

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047748

FILED
May 30, 2006
Secretary of State

Entity Name: JB DEVELOPMENT OF DAVENPORT, LLC

Current Principal Place of Business:

2025 FLORENCE VILLA GROVE RD
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

2025 FLORENCE VILLA GROVE RD
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 05-0597815 **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:

THOMPSON, WILLIAM B
2025 FLORENCE VILLA ROAD
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: HAYES, WILLIAM J
Address: 131 VISTAVIEW DR VISTA PK RESORT
City-St-Zip: DAVENPORT, FL 33837

Title: MGRV (X) Delete
Name: THOMPSON, WILLIAM B
Address: 55 CLARE RD, GILFORD, CRAIGAVON
City-St-Zip: CTY ARMAGH, N. IRELAND, NI BT63 6A

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, WILLIAM B
Address: 55 CLARE ROAD, GILFORD
City-St-Zip: CRAIGAVON, CO. ARMAGH, UK BT63 6AG

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BARRY THOMPSON

MGRM

05/30/2006

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