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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047755

1. Entity Name
JB HOMEBUILDING, LLC

24078629

07072004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1001 NORTH LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751	1001 NORTH LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751
2. Principal Place of Business: 2025 Florence Villa Grove Rd	3. Mailing Address: 2025 Florence Villa Grove Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davenport, FL	City & State: Davenport, FL
Zip: 33837 Country: U.S.	Zip: 33837 Country: U.S.

4. FEI Number: 32-~~113033~~-0113033 ☐ Applied For ☐ Not Applicable

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 131 Vistaview Dr., Vista Park Resort, Davenport, FL 33837 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: William B. Thompson VP / MGRM, 55 Clare Rd., Gilford, Craigavon, County Armagh, Northern Ireland BT636AG ☐ 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
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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: (John Hayes) 8-04-04 8634201999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #