

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

08-06-2004 90060 005 \*\*\*\*50.00

**DOCUMENT # L03000047757**

1. Entity Name  
JB MANAGEMENT OF DAVENPORT, LLC



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

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

**24078630**



07072004 Chg-LLC CR2E083 (10/03)

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

4. FEI Number  
32-0113034

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. / MGR ☐ 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 / MGR ☐ 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) 08/04/04  
863 420 1599