

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047757

FILED
May 02, 2006
Secretary of State

Entity Name: JB MANAGEMENT OF DAVENPORT, LLC

Current Principal Place of Business:

2025 FLORENCE VILLA GROVE RD.
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

2025 FLORENCE VILLA GROVE RD.
DAVENPORT, FL 33897 US

New Mailing Address:

FEI Number: 32-0113034 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:

Name and Address of New Registered Agent:

THOMPSON, WILLIAM B
2025 FLORENCE VILLA ROAD
DAVENPORT, FL 33897 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRV (X) Delete
Name: THOMPSON, WILLIAM B
Address: 55 CLARE RD., GILFORD, GRAIGAVON
City-St-Zip: ARMAGH, NORTHERN IRELAND, NI BT63 6AG

ADDITIONS/CHANGES:

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

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

05/02/2006

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