



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90073 017 ****50.00

DOCUMENT # L03000048394 1. Entity Name JBS EQUITIES, LLC					
Principal Place of Business 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813			Mailing Address 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813		
2. Principal Place of Business 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101		3. Mailing Address 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101		20014784 	
City & State Lakeland, FL		City & State Lakeland, FL		01182005 Chg-LLC CR2E083 (10/03)	
Zip Country 33803 USA		Zip Country 33803 USA		4. FEI Number 59-3773236	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, DAVID J 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Adams, David J. Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave. Suite 101 City State Zip Code Lakeland FL 33803		
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 <i>Registered agent 1/31/05</i> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, DAVID J 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, ROBERT J 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDOX, STEPHEN F P.O. BOX 7100 LAKELAND, FL 33807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>1/31/05 863 69-7103</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					