2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L03000054321 1. Entity Name JBS, LLC					04-27-2005	90031 012 ****5	0.00
Principal Place of Business -4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808 Mailing Address -4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808			RCE BLVD.	:	110040		
61 h	lace of Business J COLONIAL DR	3. Mailing Address	תוקב ש	<u> </u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04012005	Chg-LLC	CR2E083 (10/03)	<u> </u>
City & State	, 120, FL	City & State OLLAN DO	, FL	4. FEI Numb 20-051		1	oplied For ot Applicable
Zip 328	Country	Zip 3280/	Country SA	5. Certificate	of Status Desired	S5.00 Add	
	6. Name and Address of Current I	<u> </u>		7. Name and	d Address of New R	egistered Agent	
SHOEMAR	CD IOUNID		Name				
SHOEMAKER, JOHN B 4 1132 PARKWAY GOMMERCE BLVD. O RLANDO, FL 9286 8			Street Address (P.O. Box Number is Not Acceptable)				
			City			Zip Cod	le.
The above named entity submits this statement for the purpose of changing its regis				OPLANDO TE 3280/			
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	agistered office of	registered agent, or bo	xn, in the State of Fig	moa. I am tamular wun,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signatu	ire required when reinstating)		DATE 4/11	05
Filing Fee is \$50.00 Due by May 1, 2005							
Fi Di	ling Fee is \$50.00 ue by May 1, 2005					e check payable to Department of Stat	e
9.	MANAGING MEMBE		10.			CHANGES	
9. TITLE	MANAGING MEMBEI	RS/MANAGERS	TITLE		Florida ADDITIONS/	CHANGES Change	e Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBÉI MGR SHOEMAKER, JOHN B 1492 PARKWAY COMM BLVD		TITLE NAME STREET ADDRESS	61 W C	ADDITIONS	CHANGES Change	
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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 trusted 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

4/11/05 407 294 7931