2006 LIMITED LIABILITY COMPANY

Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90040 035 ****50.00 DOCUMENT # L03000054321 1. Entity Name JBS, LLC Principal Place of Business Mailing Address 61 W COLONIAL DR **61 W COLONIAL DR** ORLANDO, FL 32801 ORLANDO, FL 32801 04022006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0516612 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent SHOEMAKER, JOHN B DO NOT WRITE 61 W COLONIAL DR ORLANDO, FL 32801 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME SHOEMAKER, JOHN B 61 W COLONIAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS City-ST-ZIP

4/19/06

(407) 294-7931 x103

FILED

AND TYPED OR PRI FED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #