2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90042 031 ****50.00

DOCUMENT # L04000001334

1. Entity Name
JBS PROPERTIES, LLC

Principal Place of Business	Mailing Address
255 FIRE ESCAPE ROAD ST. MARKS, FL 32355	P.O. BOX 308 ST. MARKS, FL 32355

DO NOT WRITE IN THIS SPACE

04092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0497574

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, JAMES THOMAS
255 FIRE ESCAPE ROAD
ST. MARKS, FL 32355

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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: James T. Ward 4-15-05
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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WARD, JAMES THOMAS
STREET ADDRESS	255 FIRE ESCAPE ROAD
CITY-ST-ZIP	ST. MARKS, FL 32355
TITLE	MGRM
NAME	DUNCAN, BRUCE DIXON
STREET ADDRESS	371 PINE LANE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	MGRM
NAME	CAUSEY, WALTER SCOTT
STREET ADDRESS	3275 VADA ROAD
CITY-ST-ZIP	BAINBRIDGE, GA 39817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #