


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90386 004 ****50.00

DOCUMENT # L04000001618 1. Entity Name J AND B PORT ORANGE, L.L.C.					
Principal Place of Business 932 HERBERT STREET PORT ORANGE, FL			Mailing Address 732 TARRY TOWN TRAIL PORT ORANGE, FL 32127		
2. Principal Place of Business		3. Mailing Address 932 HERBERT ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE, FL		4. FEI Number 74-3113317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32129		Country USA		03052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LOWE, JULIE R 732 TARRY TOWN TRAIL PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name LOWE, JULIE R Street Address (P.O. Box Number is Not Acceptable) 138 CORAL ST City SOUTH DAYTONA FL Zip Code 32119	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM LOWE, JULIE R 732 TARRY TOWN TRAIL PORT ORANGE, FL 32127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	138 CORAL STREET SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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: <u>Julie Lowe</u> JULIE LOWE 3/15/05 761 6075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					