LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000001618

1. Entity Name

J AND B PORT ORANGE, L.L.C.



FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90024 038 ****50.00

Principal Place of Business

932 HERBERT STREET PORT ORANGE, FL

US

Mailing Address

932 HERBERT STREET PORT ORANGE, FL 32127

US



04132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3113317 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWE, JULIE R 138 CORAL STREET DAYTONA BEACH, FL 32119

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 bue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWE, JULIE R 138 CORAL STREET DAYTONA BEACH, FL 32119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN Th	IN THIS SPACE	
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.



STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JULIE LOWE

×

(386)7616075

NATION AND TYPED OR COUNTED HANG OF SIGNING MANAGING MEMBER OR AUTHORIZED RESPRESENT.