


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000009532	
1. Entity Name JAIME KOLB ENTERPRISES, LLC	

Principal Place of Business 160 JACKSON'S RUN UNIT C-3 SANTA ROSA BEACH, FL 32459	Mailing Address BOX 196 10859 EMERALD COAST PARKWAY WEST DESTIN, FL 32550
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**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0688189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KOLB, JAIME B  
160 JACKSON'S RUN  
UNIT C-3  
SANTA ROSA BEACH, FL 32459

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOLB, JAIME B 160 JACKSON'S RUN UNIT C-3 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOLB, MEREDITH B 160 JACKSON'S RUN UNIT C-3 SANTA ROSA BEACH, FL 32459
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03/02/07-80053-020 50.00

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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 606, Florida Statutes.

**SIGNATURE:** *Meredith B Kolb* *2/18/07 225 937-5360*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #