

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90077 001 \*\*\*\*50.00  
08-11-2005 90077 002 \*\*\*\*\*5.00

30010622



<b>DOCUMENT # L04000012859</b> 1. Entity Name <b>J J &amp; B INVESTMENTS, LLC</b>					
Principal Place of Business <b>6201 US HWY. 1 PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>555 COLONIAL PARK DRIVE 400 ROSWELL, GA 30075</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>77-0618931</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				07052005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRITH, JAMIE L 1757 BELLA VISTA WAY PORT ST. LUCIE, FL 34952</b>			Name <b>JAMIE L. FRITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 S.W. VOLT AIR TERR.</b> <b>PORT ST. LUCIE</b> City <b>FL</b> Zip Code <b>34984</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FRITH, JAMIE L 1757 BELLA VISTA WAY PORT ST. LUCIE, FL 34952</b> <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	<b>MGRM FRITH, JAMES L JR 555 COLONIAL PARK DRIVE SUITE 400 ROSWELL, GA 30075</b> <input checked="" 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	<b>MGRM FRITH, BONNIE A 555 COLONIAL PARK DRIVE SUITE 400 ROSWELL, GA 30075</b> <input checked="" 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.					
<b>SIGNATURE: Jamie L. Frith</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="text-align: center;"> <b>8/9/05</b>  <small>Date</small> </div> <div style="text-align: center;"> <b>772-466-9968</b>  <small>Daytime Phone #</small> </div> </div>					