

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90241 009 \*\*\*\*50.00

**20024181**



02102005 Chg-LLC CR2E083 (10/03)

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # L04000019856</b><br>1. Entity Name<br><b>JBH STORE, LLC</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>5205 BABCOCK STREET, NE<br/>PALM BAY, FL 32905</b>  |   |   | Mailing Address<br><b>5205 BABCOCK STREET, NE<br/>PALM BAY, FL 32905</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<br><b>20-1128923</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                                 |  |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>SPIRA, JACK B ESQ<br/>5205 BABCOCK STREET, NE<br/>PALM BAY, FL 32905</b>   |   |   |  | Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>SPIRA, JACK B<br/>5205 BABCOCK STREET, NE<br/>PALM BAY, FL 32905</b> | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:</b>   |   | <b>3/16/05</b>  |  | <b>321 725 5000</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date  |  | Daytime Phone #  |  |