



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000022471		
1. Entity Name JB2 & ASSOCIATES, LLC		
Principal Place of Business 1 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	Mailing Address 1 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITEMAN, JOHN L 170 MALAGA STREET, STE. A ST. AUGUSTINE, FL 32084		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
000000614077 02/06/07-80010-013 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STERN, ROBERT 1 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEMAN, JOHN 32 OCEAN WOODS DRIVE ST. AUGUSTINE BEACH, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, ROBERT 26 WILLOW DRIVE ST. AUGUSTINE BEACH, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIUSTINIANI, JERRY 3 OAK ROAD ST. AUGUSTINE BEACH, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, JACKIE 3101 FOURTH STREET VILANO BEACH, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: 		1-28-07 904.471-7801
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>