


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000035042
1. Entity Name
JBE, LLC



Principal Place of Business
**18 NW 8TH AVE.
GAINESVILLE, FL 32601**

Mailing Address
**P.O. BOX 142842
GAINESVILLE, FL 32608**

DO NOT WRITE IN THIS SPACE



05242006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3793688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHESTNUT, CHRISTOPHER M
2360 SW ARCHER RD
713
GAINESVILLE, FL 32608**

**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 *Christopher M Chestnut* DATE 5/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESTNUT, CHRISTOPHER M P.O. BOX 142842 GAINESVILLE, FL 32601
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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 608, Florida Statutes.

SIGNATURE: *Christopher M Chestnut* Date 5/24/06 Daytime Phone # 352-377-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #