


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90181 007 \*\*\*\*50.00

<b>DOCUMENT # L04000036030</b>	
1. Entity Name JBS HOLDINGS, LLC	

Principal Place of Business 2504 GULF BLVD., #504 INDIAN ROCKS BEACH, FL 33785	Mailing Address 2504 GULF BLVD., #504 INDIAN ROCKS BEACH, FL 33785
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2. Principal Place of Business - No P.O. Box # 436 BATES Rd.	3. Mailing Address Box 250
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CARTERSVILLE, GA	City & State EMERSON, GA
Zip 30120	Country US
Zip 30137	Country US



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1127255	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFFER, JACK B 2504 GULF BLVD., #504 INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, PATRICIA A. 436 BATES Rd. CARTERSVILLE, GA 30120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAFFER, EDITH C 2504 GULF BLVD., #504 INDIAN ROCKS BEACH, FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: Jack B Shaffer 2-12-07