

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 019 ****50.00

DOCUMENT # L04000044845					
1. Entity Name J.B. FREY ENTERPRISES, L.L.C.					
Principal Place of Business 6446 BLUE GROSSBEAK CIR BRADENTON, FL 34202			Mailing Address 6446 BLUE GROSSBEAK CIR BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # 7011 Dominion Lane		3. Mailing Address 7011 Dominion Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 42-1636414	
Zip 34202		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREY, BRIAN M 6446 BLUE GROSBEAK CIR BRADENTON, FL 34202 <i>Address only</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7011 Dominion Lane City Bradenton FL Zip Code 34202		
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 <u>Brian M. Frey</u> 1/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 MGRM NAME FREY, BRIAN M STREET ADDRESS 6446 BLUE GRASBEAK CIR CITY-ST-ZIP BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7011 Dominion Lane CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME FREY, JENNIFER M STREET ADDRESS 6446 BLUE GROSBEAK CIR CITY-ST-ZIP BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 7011 Dominion Lane CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 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: <u>Brian M. Frey</u>			1/21/07 941-536-0868		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		