2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
8/29/2005-90040-005-$50.00-$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 27 AM 9:40

DOCUMENT # L04000051949

1. Entity Name
JTB, LLC

Principal Place of Business	Mailing Address
1109 W. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	1109 W. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328

08262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
633 E. Gorrie Dr.	633 E. Gorrie Dr.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State St. George Is., FL	City & State St. George Is., FL
Zip / Country 32328 / USA	Zip / Country 32328 / USA

4. FEI Number
20-1359873
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOODWORTH, BENJAMIN T 633 E. GORRIE DRIVE, APT. 5 ST. GEORGE ISLAND, FL 32328	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 _____ 9/19/05
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 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BLOODWORTH, BENJAMIN T 633 E. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _____ 8/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #