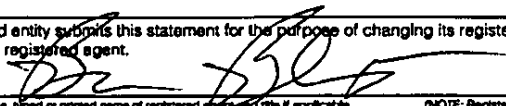
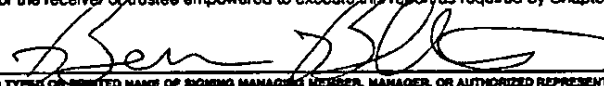


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000051949 1. Entity Name JTB, LLC		 8/29/2005-90040-005-\$50.00-\$50.00 DIVISION OF CORPORATIONS 05 SEP 27 AM 9:40	
Principal Place of Business 1109 W. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328		Mailing Address 1109 W. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	
2. Principal Place of Business 633 E. GORRIE DR. Suite, Apt. #, etc. #5 City & State St. George Is., FL Zip 32328 Country USA		3. Mailing Address 633 E. GORRIE DR. Suite, Apt. #, etc. #5 City & State St. George Is., FL Zip 32328 Country USA	
		 08262005 Chg-LLC CR2E083 (10/03)	
		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 BLOODWORTH, BENJAMIN T 633 E. GORRIE DRIVE, APT. 5 ST. GEORGE ISLAND, FL 32328		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  DATE 9/19/05 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.)			
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	MGR BLOODWORTH, BENJAMIN T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLOODWORTH, BENJAMIN T	NAME	
STREET ADDRESS	633 E. GORRIE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ST. GEORGE ISLAND, FL 32328	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 8/26/05 Daytime Phone #	

REINSTATEMENT 2005