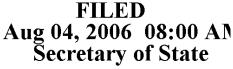
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000051949 1. Entity Name JTB, LLC Principal Place of Business Mailing Address 633 E GORRIE DR 633 E GORRIE DR ST. GEORGE ISLAND, FL 32328 ST. GEORGE ISLAND, FL 32328







DO NOT WRITE IN THIS SPACE

07302006 No Chg-LLC	CR2E083	(11/05)
4. FEI Number		Applied For
20-1359873		Not Applicable
5. Certificate of Status Desired	□ \$5	.00 Additional

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

DO NOT WRITE IN THIS SPACE

8. The above named entity shomits this statement of the bulpose 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 7 3.0 06			
Signature, the disc printed name of registered agent and title it 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 BLOODWORTH. BENJAMIN T 633 E. GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	U00000573436 08/04/06-80009-001 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY: ST-ZIP			
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 significant 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. 7 30 06			