

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057100

FILED
Apr 26, 2005
Secretary of State

Entity Name: JBG I, LLC

Current Principal Place of Business:

9428 BAYMEADOWS ROAD, STE. 112
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9428 BAYMEADOWS ROAD, STE. 112
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-1500753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERVIN, SYDNEY A III
ONE INDEPENDENT DRIVE, STE. 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEECKLER, THOMAS F
Address: 9428 BAYMEADOWS ROAD, STE. 112
City-St-Zip: JACKSONVILLE, FL 32266

Title: MGRM () Delete
Name: GERVIN, SYDNEY A III
Address: ONE INDEPENDENT DRIVE, STE. 1600
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM () Delete
Name: JOHNIKEAN, MICHAEL
Address: 110 SOUTH SERANATA DRIVE, STE. 431
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS F. BEECKLER

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date