


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM**

**Secretary of State**

<b>DOCUMENT # L04000057908</b> 1. Entity Name J & B REAL ESTATE, L.L.C.	
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Principal Place of Business 8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919 US	Mailing Address 8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919 US
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01142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1455161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STROMER, JOHN H  
8961 CONFERENCE DRIVE  
SUITE 2  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STROEMER, JOHN H 8961 CONFERENCE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DENNING, BONNIE M 700 S. MAIN STREET LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/26/06 80021-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-14-06 234-691-8320