

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073920

FILED
May 01, 2006
Secretary of State

Entity Name: JBILL, L.L.C.

Current Principal Place of Business:

1170 CUMBERLAND ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19349
SARASOTA, FL 342762349

New Mailing Address:

FEI Number: 20-1899925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDBERG, STUART E ESQ.
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 US

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/MANAGERS:

Title: MGRM () Delete
Name: WELLS, BILLY R
Address: 2812 LAKE CREST DRIVE
City-St-Zip: FLOWER MOUND, TX 75022

Title: MGRM () Delete
Name: WELLS, ORA B
Address: 2812 LAKE CREST DRIVE
City-St-Zip: FLOWER MOUND, TX 75022

Title: MGRM () Delete
Name: WELLS, JAY M
Address: 2905 JOYCE DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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 Chapter 119, 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: JAY M. WELLS

MGRM

05/01/2006

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