


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000084122					
1. Entity Name JCFBTBE INVESTMENTS, LLC					
Principal Place of Business 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432			Mailing Address 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # -		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADY, FRANK R 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432			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 <u><i>Frank R. Brady</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, FRANK R 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, JEANNE C 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Frank R. Brady</i></u>				Date: <u>2/15/07</u> Daytime Phone #: <u>564-338-9256</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED
07 FEB 28 PM 1:29
TALLAHASSEE, FLORIDA



02152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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SIGNATURE *Frank R. Brady* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007** **Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, FRANK R 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900091008289 03/06/07--01009--003 **372.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRADY, JEANNE C 370 CAMINO GARDENS BLVD., SUITE 200C BOCA RATON, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>573/1</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Frank R. Brady* Date: 2/15/07 Daytime Phone #: 564-338-9256

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