2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: J.B. ENTERPRISES, L.L.C.

Current Principal Place of Business:

8846 FAITHFUL TRACE
TALLAHASSEE, FL 32309

New Principal Place of Business:

3041 DICKINSON DRIVE
TALLAHASSEE, FL 32311

Current Mailing Address:

8846 FAITHFUL TRACE
TALLAHASSEE, FL 32309

New Mailing Address:

3041 DICKINSON DRIVE
TALLAHASSEE, FL 32311

FEI Number: 20-2005024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT, TIMOTHY D ESQ.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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/MANAGERS:

Title: P ( ) Delete
Name: JACKSON, TANYA C
Address: 8846 FAITHFUL TRACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete
Name: BECK, ROBERT S
Address: 8846 FAITHFUL TRACE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: JACKSON, TANYA C
Address: 3041 DICKINSON DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM (X) Change ( ) Addition
Name: BECK, ROBERT S
Address: 3041 DICKINSON DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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: TANYA C. JACKSON P 04/27/2006

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