


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000088394 1. Entity Name J.B. INVESTMENTS, L.L.C.	
--	---

Principal Place of Business 31250 VINE STREET SORRENTO, FL 32776	Mailing Address PO BOX 925 SORRENTO, FL 32776
--	---



04082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2039003	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

TENNEY, JAMES N 31250 VINE STREET SORRENTO, FL 32776
--

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000895216
04/24/08-80060-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TENNEY, JAMES N 31250 VINE STREET SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TENNEY, BARBARA J 31250 VINE STREET SORRENTO, FL 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Barbara J Tenney Barbara J Tenney 04-08-08 407-383-895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #