

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091508

Entity Name: JBJ INVESTMENTS, LLC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

730 N. INDIANA AVENUE
ENGELWOOD, FL 34223

New Principal Place of Business:

730 N. INDIANA AVENUE
ENGLEWOOD, FL 34223

Current Mailing Address:

730 N. INDIANA AVENUE
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 20-2018166 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:

TARSAN, REBECCA E
4131 WEIDMAN AVENUE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

LONSBURY, JEFFREY D
1025 PINELAND AVENUE
VENICE, FL 34285 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: JEFFREY LONSBURY

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TARSAN, REBECCA E
Address: 4131 WEIDMAN AVENUE
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGRM () Delete
Name: LONSBURY, JEFFREY
Address: 1025 PINELAND AVENUE
City-St-Zip: VENICE, FL 34285 US

ADDITIONS/CHANGES:

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 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: JEFFREY LONSBURY

D

05/01/2007

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