2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # L04000093524 1. Entity Namo JEBCO INVESTMENTS, LLC Principal Place of Business Mailing Address 114 INKBERRY DRIVE P.O. BOX 1358 JUPITER FL 33468 JUPITER FL 33458 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-2066100 Not Applicable Zıp Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BETTAG, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 114 INKBERRY DRIVE JUPITER FL 33458 Zip Codo 8. The above named entity submits this statement for the purpose of changing its registerod office or registerod agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. IIILE IIIŒ ☐ Change ☐ Addition □ Delete MGR NAME. NAME BETTAG, JOSEPH E STREET ADDRESS STREET ADDRESS 114 INKBERRY DRIVE CITY-ST-ZIP JUPITER FL 33458 CITY-S1-ZIP U00000685691 Change Add 04/03/07-80015-024 50.00 ME Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-7IP HILE ☐ Delete THE ☐ Change Addition NAME NAMI: STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal offect as if made under early, 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