




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009746					
1. Entity Name J B PASCALE LLC					
Principal Place of Business 4601 EAST MOODY BLVD. #111/112 BUNNELL, FL 32110			Mailing Address 6 SMOKE TREE PLACE PALM COAST, FL 32164		
2. Principal Place of Business 2751 moody Blvd. Suite, Apt. #, etc. Suite F-51 City & State Flagler Beach FL Zip 32136 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 08082006 Chg-LLC CR2E083 (11/05) 83-0419513				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent PASCALE, J. BRADLEY 6 SMOKE TREE PLACE PALM COAST, FL 32164	
7. Name and Address of New Registered Agent 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  DATE 8/8/06 <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 September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEREANCE, SEAN M 3 BURRELL PL. PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Maxime J LaFleur Belle Isle 18 Smoke Tree Place Palm coast FL 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCALE, J. BRADLEY 6 SMOKE TREE PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500078619955 08/11/06--01011--003 **\$5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			8/8/06 3862063157 <small>Date Day/Time Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

