2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 10, 2006 8:00 am Secretary of State

DOCUMENT # L05000017413 1. Entity Name JBS INVESTMENTS, LLC								04-10-200	6 90044	1 044 ****	50.00
Principal Place	e of Business	Mailing Address						EUU	1144	•	
16 TREASURI Tampa, FL 3		16 TREASURE DRIVE TAMPA, FL 33609				1.088(1)	 				IBBL WILEDI
2. Principal Pl	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			033020	06	Chg-LLC	CR2I	E083 (11/05)		
City & State	Э	City & State				4. FEI Number Applied For Not Applied For Not Applied For			oplied For of Applicable		
Zip	Country	Zip	Countr	ту		5. Certific	ate of	Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Nama	. , ,	7. Name		ddress of New		d Agent	
DRUMMOND, TEMPLE H ESQ. DRUMMOND & ASSOCIATES				Name William P. Cessna Street Address (P.O. Box Number is Not Acceptable)							
	QUELINE ARBOR DRIVE ERRACE, FL 33617					Treasure Dr					
				City 7	am	pa			F		3604
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered	d office or	registere	ed agent, o	r both,	in the State of F	lorida. I a	m familiar with,	and accept
SIGNATURE .	William P. Ce	sono							3	131/06	<u>. </u>
	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE	: Registered /	Agent signatu	ne nednited a	when reinstaling	3)		DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE	: Registered /	Agent signate	ne required	when reinstalini	1)		ke check	payable to	• , ,
Fi De	ling Fee is \$50.00		Registered /	Agent signatu				Florid	ke check ta Depart	tment of Stat	9
Dı	ling Fee is \$50.00 ue by May 1, 2006		10. THLE NAME	T ADDRESS	Man	aging IAM F reasi	Men 2. C	ADDITIONS TIBE!	ke check ta Depart	tment of Stat	9
9. 11TLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME STREET CITY-S TITLE NAME	I ADDRESS SI-ZIP	Man Will 147	aging IAM F reasi	Men D. C	ADDITIONS TO BE TO SERVE TO SE	ke check ta Depart	tment of Stat	
9. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS	Man Will 147	aging IAM F reasi	Men D. C	ADDITIONS TO BE TO SERVE TO SE	ke check ta Depart	tment of Stat	€Addition
9. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS	Man Will 147	aging IAM F reasi	Men D. C	ADDITIONS TO BE TO SERVE TO SE	ke check ta Depart	ES Change	☐ Addition
9. 111LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Man Will 147	aging IAM F reasi	Men D. C	ADDITIONS TO BE TO SERVE TO SE	ke check ta Depart	ment of Stat	Addition
9. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ling Fee is \$50.00 ue by May 1, 2006	RS/MANAGERS Delete Delete Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME NAME	I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIP	Man Will 147	aging IAM F reasi	Men D. C	ADDITIONS TO BE TO SERVE TO SE	ke check ta Depart	ES Change Change Change	Addition Addition 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: _	William P. Cesn	william	P. Cessia	3/31/06	(813) 878-3947
	AND TYPED OR PRINTED NAME OF SIGNING MANAGIN	G MEMBER, MANAGER, OR AUTHORIZED	REPRESENTATIVE	Date	Daytime Phone #