


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-10-2006 90044 044 \*\*\*\*50.00

<b>DOCUMENT # L05000017413</b>		
1. Entity Name <b>JBS INVESTMENTS, LLC</b>		

Principal Place of Business <b>16 TREASURE DRIVE TAMPA, FL 33609</b>	Mailing Address <b>16 TREASURE DRIVE TAMPA, FL 33609</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**03302006 Chg-LLC CR2E083 (11/05)**

4. FEI Number  
**20-2372166**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For  
☐ Not Applicable

6. Name and Address of Current Registered Agent	
<b>DRUMMOND, TEMPLE H ESQ. DRUMMOND &amp; ASSOCIATES 6325 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617</b>	

7. Name and Address of New Registered Agent	
Name <b>William P. Cessna</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16 Treasure Dr</b>	
City <b>Tampa</b>	Zip Code <b>FL 33609</b>

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 *William P. Cessna* DATE **3/31/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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. Cessna* *William P. Cessna* **3/31/06** **(813) 878-3947**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #