2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Apr 06, 2007 8:00 am
Secretary of State
03-12-2007 90483 039 ****50.00

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1. Entity Name
JB3, LLC

30004252

Principal Place of Business	Mailing Address
182 SW GROUSE PLACE LAKE CITY FL 32025	182 SW GROUSE PLACE LAKE CITY FL 32025

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number See attached AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOONE, JAMES F
182 SW GROUSE PLACE
LAKE CITY FL 32025

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOONE, JAMES F 182 SW GROUSE PLACE LAKE CITY FL 32025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James F. Boone 3/2/07 386 752 0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

ATTACHMENT
30004252
#L0500018167

Form **SS-4** (Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
JB3, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
182 SW Grouse Place

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code
Lake City, FL 32056

5b City, state, and ZIP code

6 County and state where principal business is located
Columbia

7a Name of principal officer, general partner, grantor, owner, or trustor
James F. Boone (Owner)

7b SSN, ITIN, or EIN
262-67-3873

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) ___
- [ ] Partnership
- [ ] Corporation (enter form number to be filed) ▶ ___
- [ ] Personal service corporation
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ▶ ___
- [x] Other (specify) ▶ LLC

- [ ] Estate (SSN of decedent) ___
- [ ] Plan administrator (SSN) ___
- [ ] Trust (SSN of grantor) ___
- [ ] National Guard
- [ ] State/local government
- [ ] Farmers' cooperative
- [ ] Federal government/military
- [ ] REMIC
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

- [x] Started new business (specify type) ▶ Lease office space to others.
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ▶
- [ ] Banking purpose (specify purpose) ▶ ___
- [ ] Changed type of organization (specify new type) ▶ ___
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶ ___
- [ ] Created a pension plan (specify type) ▶ ___

10 Date business started or acquired (month, day, year). See instructions.
3/05

11 Closing month of accounting year
December

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 0

13 Highest number of employees expected in the next 12 months (enter -0- if none).	Agricultural	Household	Other
Do you expect to have $1,000 or less in employment tax liability for the calendar year? [x] Yes [ ] No. (If you expect to pay $1,000 or less in wages, you can mark yes.)		0	0

14 Check one box that best describes the principal activity of your business.

- [ ] Construction
- [x] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Wholesale-agent/broker
- [ ] Wholesale-other
- [ ] Retail
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
Own building/Lease to others.

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [x] No
Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name | Designee's telephone number (include area code) ( )

Address and ZIP code | Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ▶ James F. Boone
Applicant's telephone number (include area code) (386) 961-2735

Signature ▶ Date ▶ 4/3/07
Applicant's fax number (include area code) (386) 752-0270