

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90252 006 \*\*\*\*55.00

DOCUMENT # L05000039139					
<b>1. Entity Name</b> JBR REALTY, LLC					
<b>Principal Place of Business</b> 7209 COQUINA WAY ST PETE BEACH, FL 33706			<b>Mailing Address</b> 7209 COQUINA WAY ST PETE BEACH, FL 33706		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2735 Webster Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BRONX NY		<b>4. FEI Number</b> 37-1508210	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip		Country		04272007 Chg-LLC CR2E083 (12/06)	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SCHMIDT, JOSEPH W JR 7209 COQUINA WAY ST PETE BEACH, FL 33706			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE <u>Joseph W. Schmidt Jr</u> MGRM Joseph W. Schmidt Jr.					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, JOSEPH W JR		NAME		
STREET ADDRESS	4 ROLLING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OLD WESTBURY, NY 11568		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTH EQUITIES, LLC		NAME		
STREET ADDRESS	25 PARKERS POINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORKED RIVER, NJ 08731		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joseph W. Schmidt Jr</u> MGRM 4/27/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
Joseph W. Schmidt Jr					

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