2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039218

City-St-Zip: HORSEHEADS, NY 14845

Entity Name: JBLT LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
956 NW E STUART,				
Current Mailing Address:			New Mailing Address:	
956 NW E STUART,				
FEI Number	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
956 NW E STUART, The above	FL 34994 US named entity su		urpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida.	·		
SIGNATU				
	Electronic	Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () D FARMER, BOBBY 956 NW EGRET (STUART, FL 349	'R JR CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () D KINSEY, TERESA 956 NW EGRET O STUART, FL 349	A CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (X) D FARMER, WILLIA 219 OAK HILL RD HORSEHEADS, N	M J	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM (X) D FARMER, LISA A 219 OAK HILL RD		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: BOBBY FARMER MGR 04/22/2009