

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039578

Entity Name: JBA LLC

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

C/O RICARDO JULES
4495 SHELFER RD., APT 901
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

C/O RICARDO JULES
4495 SHELFER RD., APT 901
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULES, RICARDO
4495 SHELFER RD., APT 901
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JULES, RICARDO
Address: 4495 SHELFER RD., APT 901
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGRM () Delete
Name: BELONY, ELIE
Address: 3387 BUTTERLIEGH DR
City-St-Zip: SAN ANTONIO, TX 78247

Title: MGRM () Delete
Name: ABEL, RENAN
Address: 744 NW 43 ST
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BELONY, ELIE
Address: 1115 NORTHWEST 87 STREET
City-St-Zip: MIAMI, FL 33150

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RENAN ABEL

MGR

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date