


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90011 019 \*\*\*\*50.00

<b>DOCUMENT # L05000041797</b>	
1. Entity Name <b>NJB SERVICES, L.L.C.</b>	

Principal Place of Business <b>213 DEBBY CT. #A LARGO FL 33771</b>	Mailing Address <b>213 DEBBY CT. #A LARGO FL 33771</b>
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2. Principal Place of Business <b>213 DEBBY CT</b>	3. Mailing Address <b>213 DEBBY CT</b>
Suite, Apt. #, etc. <b>APTS B</b>	Suite, Apt. #, etc. <b>APTS B</b>
City & State <b>LARGO FL</b>	City & State <b>LARGO FL</b>
Zip <b>33771</b>	Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-2752948</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>NEDBALEC, JAROSLAV 213 DEBBY CT. #A LARGO FL 33771</b>	
7. Name and Address of New Registered Agent Name <b>Jaroslav Nedbalec</b> Street Address (P.O. Box Number is Not Acceptable) <b>213 DEBBY CT #A</b> City <b>LARGO</b> FL Zip Code <b>33771</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 *Jaroslav* DATE **04.29.06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NEDBALEC, JAROSLAV 213 DEBBY CT. #A LARGO FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRAHA, PETR 213 DEBBY CT. #A LARGO FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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

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: *Jaroslav* DATE **04.29.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE