

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90022 014 \*\*\*\*50.00

DOCUMENT # L05000046767

1. Entity Name  
JABILL HOLDINGS, LLC



Principal Place of Business  
602 N. OREGON AVE.  
TAMPA, FL 33606

Mailing Address  
602 N. OREGON AVE.  
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-LLC

CR2E083 (11/05)

FEI Number

20-3653472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W ESQ.  
106 SOUTH TAMPA AVENUE, SUITE 200  
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name

James A. Tepper

Street Address (P.O. Box Number is Not Acceptable)

2811 W. Patterson St.

City

Tampa

FL

Zip Code

33614

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

*James A. Tepper*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.31.2006

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
James A. Tepper  
2811 W Patterson St.  
Tampa, FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Treasurer  
William G. McCasland  
1411 E Henry St.  
Tampa, FL 33604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

*James A. Tepper*

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

3.31.06

Date

813-254-4461

Daytime Phone #