

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90345 013 ****50.00

DOCUMENT # L05000052533

1. Entity Name
KJB INVESTMENTS, LLC



Principal Place of Business
54 CALLE MARABELLA
PENSACOLA, FL 32561

Mailing Address
54 CALLE MARABELLA
PENSACOLA, FL 32561

2. Principal Place of Business - No P.O. Box #
418 N. Sunset Blvd
Suite, Apt. #, etc.

3. Mailing Address
418 N. Sunset Blvd
Suite, Apt. #, etc.



04022007 Chg-LLC CR2E083 (12/06)

City & State
Gulf Breeze, FL
Zip
32561
Country
USA

City & State
Gulf Breeze, FL
Zip
32561
Country
USA

4. FEI Number
20-6537693
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LORREN, MARGARET N
316 S. BAYLEN STREET, SUITE 200
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BIGGS 2005 FAMILY TRUST
54 CALLE MARABELLA
PENSACOLA, FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
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.

JUNE M. BIGGS, Co-Trustee, BIGGS 2005 Family Trust

SIGNATURE: JUNE M. BIGGS, Co-Trustee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-2-07 (850) 982-4718
Date Daytime Phone #