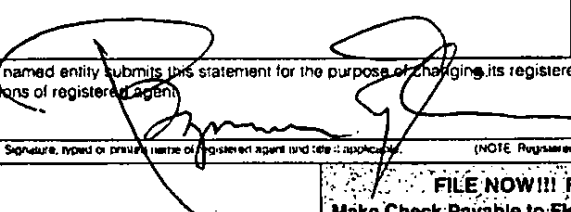
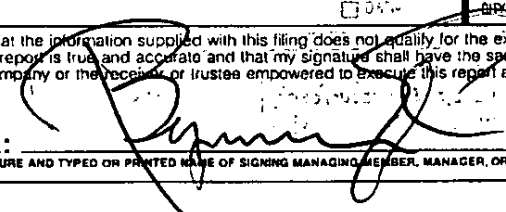


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/5

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-09-2006 90145 050 ****50.00

DOCUMENT # L05000054897					
1. Entity Name J & B PARTNERS, LLC					
Principal Place of Business 4659 S.W. 72ND AVENUE MIAMI FL 33155			Mailing Address 4659 S.W. 72ND AVENUE MIAMI FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEE Number 20-3007359	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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  DATE 1/30/06 (NOTE: Registered Agent signature required when certifying)					
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	MGRM BLAU, JAY 1265 - 15TH STREET, PH A FORT LEE NY 07024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLIN, BEN 4659 S.W. 72ND AVENUE MIAMI FL 33155	☐ Delete			
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 person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			3-13-06 305 7856833		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30003084

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

J & B PARTNERS, LLC
4659 S.W. 72ND AVENUE
MIAMI, FL 33155

Subject: J & B PARTNERS, LLC

Reference Number: L05000054897

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH

ANNUAL REPORTS SECTION

DO NOT WRITE IN THESE SPACES
YOUR REPORT WILL BE RECORDED AND INDEXED
IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE
CALL THE DIVISION OF CORPORATIONS AT (850) 245-6051