

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059722

Entity Name: PB&J INVESTMENTS, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

129 NANDINA CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

C/O WILMOTH & ASSOCIATES, P.A.
2317 BLANDING BLVD., SUITE 206
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-3024538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, WILLIAM J
129 NANDINA CIRCLE
PONTE VEDRA BEACH, FL 32082 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: MGRM () Delete
Name: COLLINS, WILLIAM J
Address: 129 NANDINA CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: LEGEZA, PETER P
Address: 1122 NECK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: STOCKTON, JAMES R
Address: P. O. BOX 2292
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM J COLLINS

MGRM

04/25/2008

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