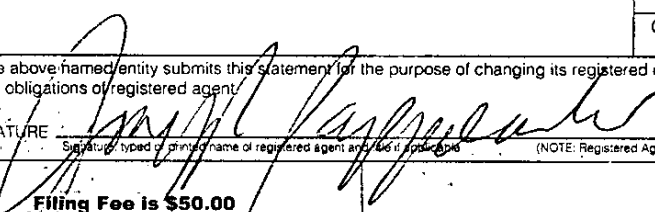
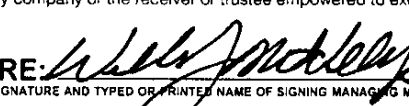


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 040 ****50.00

DOCUMENT # L05000060893 1. Entity Name J & B ENTERPRISES LLC			
Principal Place of Business 516 TURTLE HATCH LANE NAPLES, FL 34103		Mailing Address 516 TURTLE HATCH LANE NAPLES, FL 34103	
2. Principal Place of Business 8423 Thornbury CT		3. Mailing Address 8423 Thornbury Court	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Knoxville, TN		City & State Knoxville, TN	
Zip 37919		Zip 37919	
Country 		Country 	
4. FEI Number 55-0903270		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, WILLIAM J JR 516 TURTLE HATCH LANE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Joseph Pappalardo Street Address (P.O. Box Number is Not Acceptable) 2522 N. State Rd. 7 City Margate FL Zip Code 33063	
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 7/27/06 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, WILLIAM J JR 516 TURTLE HATCH LANE NAPLES, FL 34103	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, JAMES R 5307 BENT RIVER BLVD. KNOXVILLE, TN 37919	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			