2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Sep 11, 2006 8:00 am
Secretary of State
09-11-2006 90092 040 ****50.00

07252006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000060893

1. Entity Name
J & B ENTERPRISES LLC

Principal Place of Business	Mailing Address
516 TURTLE HATCH LANE NAPLES, FL 34103	516 TURTLE HATCH LANE NAPLES, FL 34103

2. Principal Place of Business	3. Mailing Address
8423 Thornbury CT	8423 Thornbury Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Knoxville, TN	City & State: Knoxville, TN
Zip: 37919 Country:	Zip: 37919 Country:

4. FEI Number: 65-0903270 — 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: [signature] DATE: 7/27/06
Signature, typed or printed name of registered agent and title if applicable (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	☐ Change ☐ Addition
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	☒ Change ☐ Addition 8423 Thornbury Court Knoxville, TN 37919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #