# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L05000063183**

1. Entity Name
JR JB LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 39 ST THOMAS DRIVE | 39 ST THOMAS DRIVE |
| PALM BEACH GARDENS, FL 33418 | PALM BEACH GARDENS, FL 33418 |

# DO NOT WRITE IN THIS SPACE

01272007 No Chg-LLC      CR2E083 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 54-2177647 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

REYNOLDS, JOHN D
39 ST THOMAS DRIVE
PALM BEACH GARDENS, FL 33418

# DO NOT WRITE
# IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

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

II00000616847
02/07/07-80047-018  150.00

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGR | |
| NAME | REYNOLDS, JOHN D | |
| STREET ADDRESS | 39 ST THOMAS DRIVE | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

# DO NOT WRITE
# IN THIS SPACE

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:**  JOHN D. REYNOLDS  1-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #