


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 039 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L05000081432</b>   |  |  |  |    |  |
| <b>1. Entity Name</b><br>JACK B. WELCH, LLC  |  |  |  |   |  |
| <b>Principal Place of Business</b><br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 US   |  |  | <b>Mailing Address</b><br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 US |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  |   |  |
| Zip  | Country  | Zip  | Country  | <b>4. FEI Number</b><br>20-3513036  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WELCH, JACK B<br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565   |  |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |  |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | MGRM<br>WELCH, JACK B<br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 | <input type="checkbox"/> Delete                                    |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/24/06 813/598-9885

Date Daytime Phone #

# 2006 LIMITED LIABILITY COMPANY ATTACHMENT ANNUAL REPORT

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L05000081432</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>JACK B. WELCH, LLC   |  |   |  |   |  |
| <b>Principal Place of Business</b><br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 US  |  |   | <b>Mailing Address</b><br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 US |   |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | 07242006 Chg-LLC CR2E083 (11/05)  |  |
| <b>4. FEI Number</b><br>20-3513036  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |   | <b>7. Name and Address of New Registered Agent</b>                     |   |  |
| WELCH, JACK B<br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City     |   |  |
|   |  |   | FL Zip Code  |   |  |
| <b>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.</b>  |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WELCH, JACK B<br>3565 N SPEER ROAD<br>PLANT CITY, FL 33565 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> _____   |  |   | 7/24/06 813/598-9885   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   | Date Daytime Phone #   |   |  |

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