



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 037 ****50.00

DOCUMENT # L05000092797					
1. Entity Name JBI, LLC					
Principal Place of Business 319 LEANING OAK DR. EDGEWATER, FL 32141			Mailing Address 319 LEANING OAK DR. EDGEWATER, FL 32141		
2. Principal Place of Business - No P.O. Box # 501 Nature Creek Lane		3. Mailing Address 501 Nature Creek Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302007 Chg-LLC CR2E083 (12/06)	
City & State New Smyrna Beach FL		City & State New Smyrna Beach FL		4. FEI Number 01-0846841	
Zip 32168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLACHINO, JOHN 319 LEANING OAK DR. EDGEWATER, FL 32141				7. Name and Address of New Registered Agent	
New address				Name	
				Street Address (P.O. Box Number is Not Acceptable) 501 NATURE CREEK LANE	
				City New Smyrna Beach FL Zip Code 32168	
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: <i>John J. Ballachino</i>				DATE: 1/30/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLACHINO, JOHN 319 LEANING OAK DR. EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 NATURE CREEK LANE New Smyrna Beach FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <i>John J. Ballachino</i>				DATE: 1/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	