

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

32168

Country

Zip

32168

Country

USA



01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number

01-0846841

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLACHINO, JOHN
319 LEANING OAK DR.
EDGEWATER, FL 32141

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

John J. Ballachino

(NOTE: Registered Agent signature required when reinstating)

1/30/07

DATE

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	MGR	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLACHINO, JOHN		501 Nature Creek Lane
STREET ADDRESS	319 LEANING OAK DR.		New Smyrna Beach FL 32168
CITY-ST-ZIP	EDGEWATER, FL 32141		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 J. Ballachino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/07