

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000101096

1. Entity Name
J B EXCAVATING LLC



Principal Place of Business
**7411 A1A SOUTH
ST AUGUSTINE, FL 32080**

Mailing Address
**7411 A1A SOUTH
ST AUGUSTINE, FL 32080**



05222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3760676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OWEN, TONY
7411 A1A SOUTH
ST AUGUSTINE, FL 32080**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWEN, TONY 7411 A1A SOUTH ST AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKETT, RICKIE 7411 A1A SOUTH ST AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/01/07-80003-018 50.00

**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.

5-18-07
Tony T. Owen