### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT #1.05000104354



# FILED Jul 30, 2007 8:00 am Secretary of State

1. Entity Name J2B, LLC	MENT # 200000104	00 <del>1</del>		)	07-30-2007	90027 006 ***	<b>'</b> 50.00
Principal Place	e of Business	Mailing Address		ี	เกลา		
P.O. BOX 822 PALM CITY, FL 34991		P.O. BOX 822 PALM CITY, FL 34991		-			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07132007	Chg-LLC	CR2E083 (12/0	)6)
City & State		City & State		4. FEI Numbe 20-365			Applied For Not Applicable
Zip	Country	Zip	Country		of Status Desired	□ \$5.00 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent	
HAWKINS, WILLIAM E JR., ESQ 19183 S.E. JUPITE RIVER DRIVE JUPITER, FL 33458		Street Address		(P.O. Box Number is Not Acceptable)			
JUPHER, FL 33436			City		<b>E</b> I Zip Code		
	named entity submits this statement fo	r the purpose of changing its re		ered agent, or bot	h, in the State of Flo	ГЦ	
SIGNATURE	Ons of registered agent.  Signature, typed or printed name of registered agent.	ADTE:				0.00	<del></del>
	Signature, typeo or printed name or registered agent	and time it appropriate. (NOTE:	Registered Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u></u>	ADDITIONS	/CHANGES	<u></u>
TITLE NAME STREET ADDRESS	MGRM FOUR ROSE'S, INC. P.O. BOX 822	☐ Delete	TITLE NAME STREET ADDRESS			☐ Char	nge 🗀 Addition
CITY-ST-ZIP	PALM CITY, FL 34991		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition
TITLE NAME		☐ Delete	TITLE NAME			Char	nge Addition
STREET ADDRESS City-St-Zip			STREET ADORESS : CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Char	nge 🗍 Addition
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have th	ne same legal effect as if	f made under oath	i; that I am a mana		
SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  District Phone 8							

#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L05000104354

Entity Name
 J2B, LLC



ATTACHMENT

Principal Place of Business

P.O. BOX 822 PALM CITY, FL 34991 Mailing Address

P.O. BOX 822 PALM CITY, FL 34991 60053695

#### DO NOT WRITE IN THIS SPACE

07232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3659226

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HAWKINS, WILLIAM E JR., ESQ 19183 S.E. JUPITE RIVER DRIVE JUPITER, FL 33458

### DO NOT WRITE IN THIS SPACE

٠.	. The above harred entity administrates a statement for the purpose of changing its registered office of	registered agent, or both, in the state of righta.	i am iamiliai wiin, and accept
	the obligations of registered agent.		
014	IONATUDE		

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FOUR ROSE'S, INC.
STREET ADDRESS	P.O. BOX 822
CITY-ST-ZIP	PALM CITY, FL 34991
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 filling 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: \

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

L. DAWSON ROSE

Daytime Phone ●