

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046220

Entity Name: JBR, LLC

FILED  
Jun 25, 2009  
Secretary of State

**Current Principal Place of Business:**

PO BOX 1735  
DESTIN, FL 32540

**New Principal Place of Business:**

91 EGLIN PKWY NE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

PO BOX 1735  
DESTIN, FL 32540

**New Mailing Address:**

91 EGLIN PKWY NE  
FORT WALTON BEACH, FL 32548

FEI Number: 20-5212910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

COLLADO, RAMON I MGR  
1 CITATION DRIVE  
SHALIMAR, FL 32579 US

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.

SIGNATURE: RAMON I. COLLADO

06/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ODOM, JAY A  
Address: PO BOX 1735  
City-St-Zip: DESTIN, FL 32540

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COLLADO, RAMON I  
Address: 91 EGLIN PKWY NE  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAMON I. COLLADO

MGR

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date