


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90351 012 ****50.00

DOCUMENT # L06000056149	
1. Entity Name JBT HOLDINGS LLC	

40098200



Principal Place of Business 4779 BUCKHEAD COURT TALLAHASSEE, FL 32309	Mailing Address 4779 BUCKHEAD COURT TALLAHASSEE, FL 32309
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2. Principal Place of Business - No P.O. Box # 1351-1 Castelnau Ct	3. Mailing Address 1351-1 Castelnau Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052007 Chg-LLC CR2E083 (12/06)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32301	Zip 32301
Country USA	Country USA

4. FEI Number 56-2592691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent GOYINS, THEODORE R III 4779 BUCKHEAD COURT TALLAHASSEE, FL 32309
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7. Name and Address of New Registered Agent Name Theodore R. Goyins III Street Address (P.O. Box Number is Not Acceptable) 1351-1 Castelnau Ct. Tallahassee City FL Zip Code 32301
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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.

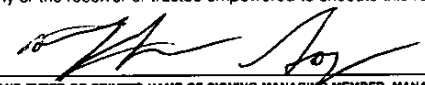
SIGNATURE **Theodore R. Goyins III** DATE **4/30/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM WORLEY, JULIAN 3111 GALIMORE DR. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1351-1 Castelnau Ct. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOYINS, THEODORE R III 4779 BUCKHEAD COURT TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1351-1 Castelnau Ct. Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOYINS, GREGORY 4899 PINE MORE LANE LAKE WORTH, FL 33463 <input checked="" 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
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

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:  DATE **4/30/07** DAYTIME PHONE # **850-251-2849**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE