


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90354 035 \*\*\*\*50.00

|  |  |   |                              |  |  |
|--|--|---|------------------------------|--|--|
| <b>DOCUMENT # L06000059635</b><br>1. Entity Name<br><b>J &amp; B LAND, L.L.C.</b>  |  |   |                              |   |  |
| Principal Place of Business<br><b>2611-B WEST 23RD STREET<br/>PANAMA CITY, FL 32405</b>  |  |   |                              | Mailing Address<br><b>2611-B WEST 23RD STREET<br/>PANAMA CITY, FL 32405</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1701 TENNESSEE AVE.</b>   |  | 3. Mailing Address<br><b>1701 TENNESSEE AVE.</b>                  |                              |  |  |
| Suite, Apt. #, etc.<br><b>SUITE 100</b>  |  | Suite, Apt. #, etc.<br><b>SUITE 100</b>                           |                              |  |  |
| City & State<br><b>LYNN HAVEN, FL.</b>   |  | City & State<br><b>LYNN HAVEN, FL.</b>                            |                              |  |  |
| Zip<br><b>32444</b>  |  | Country<br><b>USA</b>   |                              | 4. FEI Number<br><b>20-4890151</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>                             |                              |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARRETT, GARY A<br/>2611-B WEST 23RD STREET<br/>PANAMA CITY, FL 32405</b>  |  |   |                              | 7. Name and Address of New Registered Agent<br>Name <b>GARY A. BARRETT</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1701 TENNESSEE AVE.</b><br><b>SUITE 100</b><br>City <b>LYNN HAVEN</b> <b>FL</b> Zip Code <b>32444</b> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |   |                              |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |                              |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BARRETT, GARY A<br>2611-B WEST 23RD STREET<br>PANAMA CITY, FL 32405    | <input type="checkbox"/> Delete                                   |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>JENKINS, ERIC A SR<br>2611-B WEST 23RD STREET<br>PANAMA CITY, FL 32405 | <input type="checkbox"/> Delete                                   |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <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. |  |   |                              |  |  |
| <b>SIGNATURE: <u>GARY BARRETT</u> 4-18-07 850-277-0477</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |   |                              |  |  |