


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

07-11-2007 90012 037 ****50.00

DOCUMENT # L06000086272					
1. Entity Name JBC MELSON, LLC					
Principal Place of Business % JOHN C. KERN 630 N. ENGLEWOOD AVENUE JACKSONVILLE, FL 32254			Mailing Address % JOHN C. KERN 630 N. ENGLEWOOD AVENUE JACKSONVILLE, FL 32254		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
B. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKEL, EDWARD C ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAX BARGAIN CARPET, INC. 630 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING PARTNER RACHEL KERN BALDWIN 630 N. EDGEWOOD AVENUE JACKSONVILLE, FL 32254 <input type="checkbox"/> Change <input checked="" 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		
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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 _____

[Signature] 7/5/07