
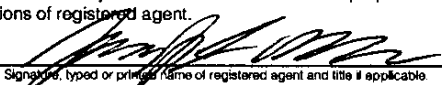



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90057 004 ****55.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # L06000091566 | | | |  | |
| 1. Entity Name JLB ENTERPRISES, LLC | | | | | |
| Principal Place of Business 420 HIBISCUS ROAD ANNA MARIA, FL 34216 US | | | Mailing Address PO BOX 1700 ANNA MARIA, FL 34216 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-5565187 | |
| Zip | | Country | | City & State | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEAVER, JOSEPH L 420 HIBISCUS ROAD ANNA MARIA, FL 34216 | | | Name Street Address (P.O. Box Number is Not Acceptable) City State: 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  | | Joseph L. Beaver | | 1/5/2007 | |
| 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 BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAVER, JOSEPH PO BOX 1700 ANNA MARIA, FL 34216 | <input type="checkbox"/> Delete | | | |
| 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:  | | Joseph L. Beaver | | 1/5/2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |