


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90033 001 \*\*\*\*50.00

|                                 |  |   |
|---------------------------------|--|---|
| <b>DOCUMENT # L06000094318</b>  |  |  |
| 1. Entity Name<br>JEB GROUP LLC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>33 44TH AVENUE<br>ST PETE BEACH, FL 33706 US | Mailing Address<br>PO BOX 55308<br>ST PETERSBURG, FL 33732 US |
|---|---|

**60038200**



|  |         |                                    |         |
|--|---------|------------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address<br>PO BOX 55368 |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                |         |
| City & State                                   |         | City & State<br>ST PETERSBURG FL   |         |
| Zip  | Country | Zip                                | Country |
|  |         | 33732                              | USA     |

04052007 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-5688051 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |          |
| WINEBRENNER, JACK M<br>8950 MARTIN LUTHER KING ST N<br>STE 130<br>ST PETERSBURG, FL 33702 |  | 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 \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee Is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS                 |   | 10. ADDITIONS / CHANGES                        |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEIKIRCH, JOSEPH E<br>33 44TH AVENUE<br>ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BEIKIRCH, GAIL P<br>33 44TH AVENUE<br>ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BEIKIRCH, JOSEPH E<br>33 44TH AVENUE<br>ST PETE BEACH, FL 33706 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **JOSEPH BEIKIRCH** 4/13/07 727/327-1202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #