

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000098843**

1. Entity Name  
**J & B DEVELOPMENT, LLC**



Principal Place of Business  
**499 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953**

Mailing Address  
**499 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953**



04042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SUNDIN, GLENN T  
335 SOUTH PLUMOSA STREET  
SUITE A  
MERRITT ISLAND, FL 32952**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000938835  
05/28/08-80004-017 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CRIM, ROBERT J
STREET ADDRESS	499 NORTH COURTENAY PARKWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

TITLE	MGR
NAME	CAREY, JAMES S
STREET ADDRESS	499 NORTH COURTENAY PARKWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Robert J. Crim*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/30/08 321-459-0057