2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

DOCUMENT # L06000105717 1. Entity Name JBC, LLC						02-12-2007 9	-		
Principal Place of Business 2603 ANTILLES DRIVE WINTER PARK, FL 32792		Mailing Address 2603 ANTILLES DRIVE WINTER PARK, FL 32792							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Numb	er		7.3	oplied For	
Zip Country		Zip Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	1	7. Name an	d Address of New F	legistered /	Agent	
				Name					
	YTH B ILLES DRIVE PARK, FL 32792	Street Address		ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
VINCIENT	ANN, 1 L 32/32							1	
				City			FL	Zip Code	В
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	register	ed office or regis	stered agent, or b	oth, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable (NOTE	E Flegistere	nd Agent signature requ	ured when reinstating)	······································	DATE	· · · · · · · · · · · · · · · · · · ·	
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State			
FI D	iling Fee is \$50.00 ue by May 1, 2007						•	-	9
D:	ue by May 1, 2007	DC/MANIACEDC	140	. ,	· · · · · · · · · · · · · · · · · · ·	Florida	a Departm	ent of State	9
9.	ue by May 1, 2007 MANAGING MEMBE		10.				a Departm	ent of State	
9.	MANAGING MEMBE	RS/MANAGERS	TITL	•	***************************************	Florida	a Departm	ent of State	Addition
9. TITLE NAME	MANAGING MEMBE MGR COX, JUDYTH B		TITL NAM	KE		Florida	a Departm	ent of State	
9.	MANAGING MEMBE MGR COX, JUDYTH B 2603 ANTILLES DRIVE		TITL Nam Stri	AE EET ADORESS		Florida	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR COX, JUDYTH B	☐ Dolete	TITL Nam Stri City	AE EET ADORESS (-ST-ZIP		Florida	a Departm	ent of State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR COX, JUDYTH B 2603 ANTILLES DRIVE		TITL NAM STRI CITY TITL	ME EET ADORESS (-ST-ZIP		Florida	a Departm	ent of State	
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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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ATURE 3 C (TILLEL B. Cox) 2-6-07 407-619-1330
SIGNATURE AND TYPED OR PROVED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Dolo Doyomo Prono #