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May 17, 2007 8:00 am
Secretary of State

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04112007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110530

1. Entity Name
J B ENTERPRISES OF FLAGLER, LLC

Principal Place of Business	Mailing Address
149 S RIDGEWOOD AVE STE 550 DAYTONA BEACH, FL 32114	149 S RIDGEWOOD AVE STE 550 DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
800 N STATE ST		P O BOX 354768	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BUNNELL FL		City & State: PALM COAST FL	
Zip: 32110	Country: US	Zip: 32135-4768	Country: US

4. FEI Number 59-3212786 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GORNTO, L A JR ESQ
149 S RIDGEWOOD AVE STE 550
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

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

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	MGR ROSS, DENNIS C 149 S RIDGEWOOD AVE STE 550 DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O BOX 354768 PALM COAST FL 32135-4768	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAUSNECK, PAMELA G 149 S RIDGEWOOD AVE STE 550 DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX 354768 PALM COAST FL 32135-4768	☒ Change ☐ 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] 4/17/07 386 437-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #