


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90025 042 ***138.75

DOCUMENT # L07000069987	
1. Entity Name JBI SURETY GROUP, LLC	

Principal Place of Business 13002 10014 N. DALE MABRY HIGHWAY, SUITE 270 TAMPA, FL 33618 US	Main Office 13002 10014 N. DALE MABRY HIGHWAY, SUITE 270 TAMPA, FL 33618 US
--	--



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0491231	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
JEDLICK, THEODORE J 14502 N. DALE MABRY HWY. SUITE #200 TAMPA, FL 33618	10014 N. Dale Mabry Suite 101 Tampa, FL 33618

**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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JEDLICK, THEODORE J 8090 CLEARY BBLVD, #906 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT, BOND H 10014 14502 N. DALE MABRY HWY. #200 101 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, DEBBIE A 10014 14502 N. DALE MABRY HWY. #200 101 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Debbie Murray MGRM 4-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Debbie Murray