


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90125 009 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L07000108808</b>                   |  |
| 1. Entity Name<br>JTB RE-MODELING SOLUTIONS, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>663 ARTHUR MOORE DRIVE<br>GREEN COVE SPRINGS, FL 32043 US | Mailing Address<br>663 ARTHUR MOORE DRIVE<br>GREEN COVE SPRINGS, FL 32043 US |
|--|--|

60021142



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04032008 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>61-1547144 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>UNITED STATES CORPORATION AGENTS, INC.<br>13302 WINDING OAKS BLVD<br>SUITE A-100<br>TAMPA, FL 33612-3425 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

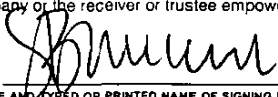
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|   |  |
|---|--|
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BAUCUM, JEFFERY T<br>663 ARTHUR MOORE DRIVE<br>GREEN COVE SPRINGS, FL 32043 <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>BAUCUM, STEPHANIE A<br>663 ARTHUR MOORE DRIVE<br>GREEN COVE SPRINGS, FL 32043 <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 |
| 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 |

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:         | Stephanie A Baucum | A.2.08 | 904 282 3670    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                    | Date   | Daytime Phone # |