

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064280

Entity Name: JEB HOLDINGS, LLC

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

5873 ELIZABETH ANN WAY
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5873 ELIZABETH ANN WAY
FORT MYERS, FL 33912

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. BOX 60205
FORT MYERS, FL 33906

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMLING, CHARLES J
5873 ELIZABETH ANN WAY
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
FORT MYERS, FL 33907 US

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.

SIGNATURE: JOHN M. WICKER

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, CHARLES H
Address: 14000 EAGLE RIDGE LAKES DRIVE #201
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: HAMLING, MARIE J
Address: 5873 ELIZABETH ANN WAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: HAMLING, CHARLES J
Address: 5873 ELIZABETH ANN WAY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES ANDERSON

MGRM

08/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date