

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088884

Entity Name: JPS TB, LLC

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1028 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082 US

**New Principal Place of Business:**

250 PARK ST.  
JACKSONVILLE, FL 32204 US

**Current Mailing Address:**

1028 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RICE, GAYLE  
1301 RIVERPLACE BLVD SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STAMAN, JAMES DR  
Address: 1028 PONTE VEDRA BLVD.  
City-St-Zip: PONTE VEDRA, FL 32082 US

I hereby 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: JAMES STAMAN

DR.

02/08/2010

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