


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR -6 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company JPB PROPERTIES, L.C. 90130 OLD HIGHWAY TAVERNIER FL 33070		DOCUMENT # L95000000231 1a. Principal Place of Business Address 90130 OLD HIGHWAY TAVERNIER FL 33070			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Same Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address John Powers Box 726 Suite, Apt. #, etc. Rifle City & State CO Zip Country 81650 USA		3. Date Organized or Qualified 03/16/1995 3a. State of Formation FL 4. FEI Number 58-2169885 5. Date of Last Report 06/12/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent HERSHOFF, JAY 90130 OLD HIGHWAY TAVERNIER FL 33070			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE John P. Powers for JPB Properties <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE 2/16/97			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code					
MGRM	POWERS, JOHN	1046 STATE HWY. 325	RIFLE CO		
MGRM	SABICKA, JAROMIR	387 WHEELER PLACE	FAWORTH NJ		
			100002109061--7 -03/10/97--01148--006 ****203.75 ****203.75		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: John Powers John Powers		Date 2/16/97 Daytime Phone #			