


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	
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		DOCUMENT # L95000000374		FILED 97 MAR 27 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
JB RANCH OPERATIONS, L.L.C. 300 S DUNCAN AVE SUITE 300 CLEARWATER FL 34615		1a. Principal Place of Business Address 300 S DUNCAN AVE SUITE 300 CLEARWATER FL 34615			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3316197	
Country		Country		5. Date of Last Report	
				05/01/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent		3a. State of Formation	
LETTLELEIR, JOSEPH T 300 S DUNCAN AVE SUITE 300 CLEARWATER FL 34615		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		FL	
		8000002127178--0 -03/28/97--01088--001 ****203.75		Applied For Not Applicable	
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 _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	BARRETT, JOHN P JR	300 S DUNCAN AVE, SUITE 30		CLEARWATER FL	
MGR	LETTLELEIR, JOSEPH T	300 S DUNCAN AVE, SUITE 30		CLEARWATER FL	
MEM	BARRETT FAMILY PARTNER	300 S DUNCAN AVE, SUITE 30		CLEARWATER FL	
MEM	BARRETT, ERIKA L	300 S DUNCAN AVE, SUITE 30		CLEARWATER FL	
MEM	LETTLELEIR, REBECCA	300 S. DUNCAN AVE., SUITE		CLEARWATER FL	
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: _____		3-24-97 (813) 461-7700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	