2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001451

1. Entity Name
JFB HOTEL FUND I, LLC

Principal Place of Business	Mailing Address
240 N. WASHINGTON BLVD., 7TH FLOOR SARASOTA, FL 34236	240 N. WASHINGTON BLVD., 7TH FLOOR SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1106026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANCH, DANIEL
240 N. WASHINGTON BLVD., 7TH FLOOR
C/O HORIZON MEDICAL GROUP, INC.
SARASOTA, FL 34236

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

Filing Fee is $50.00
Due by May 1, 2006

[illegible] 03/23/06-80030-001 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BRANCH, DANIEL
STREET ADDRESS	240 N. WASHINGTON BLVD., 7TH FLOOR
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/6/06 941-350-0371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #