

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035526

Entity Name: J H A PROPERTIES, LLC

FILED
Sep 08, 2004
Secretary of State

Current Principal Place of Business:

133 - 14TH AVENUE N.E.
ST. PETERSBURG, FL 33701

New Principal Place of Business:

908 HAGLE PARK RD
BRADENTON, FL 34202

Current Mailing Address:

133 - 14TH AVENUE N.E.
ST. PETERSBURG, FL 33701

New Mailing Address:

P. O. BOX 213
TERRA CEIA, FL 34250

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANOSZ, ANDREW T
133 - 14TH AVENUE N.E.
ST. PETERSBURG, FL 33701

Name and Address of New Registered Agent:

FRANOSZ, ANDREW T
908 HAGLE PARK RD
BRADENTON, FL 34202

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:

09/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FRANOSZ, ANDREW T
Address: 133 - 14TH AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: FRANOSZ, HELENA
Address: 3948 CHILTON DRIVE
City-St-Zip: WINSTON SALEM, NC 27106

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: FRANOSZ, HELENA
Address: 3521 CHELSEA VILLAGE LN
City-St-Zip: WINSTON SALEM, NC 27103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW T. FRANOSZ

MGR

09/08/2004

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