


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000001201 1. Entity Name <b>J &amp; J PROPERTIES, L.L.C.</b>	
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Principal Place of Business <b>5214 MONTGOMERY HIGHWAY          DOTHAN, AL 36303</b>	Mailing Address <b>5214 MONTGOMERY HIGHWAY          DOTHAN, AL 36303</b>
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01192005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-1275070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
 20 S. BROAD STREET  
 BROOKSVILLE, FL 34601**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUSE, JOHN P SR. PO BOX 8055 DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUSE, JOANN PO BOX 8055 DOTHAN, AL 36303
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100000183400  
 01/24/05-20093-017 50.00

**DO NOT WRITE IN THIS SPACE**

11. I 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 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: John P. Gause, Sr **John P. Gause, Sr** 1-19-05 334-983-5658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #