

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000003124

1. Entity Name  
JJG PROPERTY, L.L.C.



Principal Place of Business  
311 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33801

Mailing Address  
P.O. BOX 24838  
LAKELAND, FL 33802



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3641865

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, JESS G  
311 SOUTH FLORIDA AVE  
LAKELAND, FL 33801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
BLACK, JAMES I III  
311 S. FLORIDA AVE  
LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
TUCKER, JESS G  
311 S. FLORIDA AVE  
LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MEM  
BLACK, GERALD L  
311 S. FLORIDA AVE  
LAKELAND, FL 33801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000005348  
01/16/04-80001-020 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #