

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003124

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

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

311 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24838
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3641865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: BLACK, JAMES I III
Address: 311 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

Title: MEM () Delete
Name: TUCKER, JESS G
Address: 311 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

Title: MEM () Delete
Name: BLACK, GERALD L
Address: 311 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

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

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

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

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: JESS G TUCKER

VPRE

06/29/2005

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