

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000003952

Entity Name: JONICK PROPERTIES LLC

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

6029 MEMORIAL HIWAY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6029 MEMORIAL HIWAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3638021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, R. WALTER JR
6029 MEMORIAL HIWAY
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SAPANARA, MARK
110 NORTH MACDILL AVE.
TAMPA, FL 33609 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: MARK SAPANARA

04/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HIRSCHFELD, JASON
Address: 7105 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: VIVINO, MELISSA DEVITO
Address: 3909 EDEN ROC CIR
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: HIRSCHFELD, JACLYN
Address: 7105 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634

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 Chapter 119, 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: MELISSA DEVITO VIVINO

MGR

04/10/2006

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