

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012213

FILED
Apr 25, 2008
Secretary of State

Entity Name: JAR PROPERTIES OF LONGWOOD, L.L.C.

Current Principal Place of Business:

1441 COUNTY ROAD 427
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1441 COUNTY ROAD 427
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3754269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPER, JONATHAN B ESQ.
274 KIPLING COURT
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: BUEHLER, AL
Address: 1445 CR 427 N LONGWOOD
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: TELESZ, JAMES
Address: 612 CHATAS CT
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM () Delete
Name: PERDUE, ROSS
Address: 128 SHOMATE DR
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TELESZ, JAMES
Address: 3342 LAKEVIEW OAKS DR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change () Addition
Name: PERDUE, ROSS
Address: 661 E. LEHIGH
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify 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: JAMES TELESZ

MR.

04/25/2008

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