


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000020029</b> 1. Entity Name <b>J.R. PLANT PROPERTIES, L.L.C.</b>	
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Principal Place of Business <b>1513 SOUTH MILLS AVENUE ORLANDO FL 32806</b>	Mailing Address <b>1513 SOUTH MILLS AVENUE ORLANDO FL 32806</b>
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1st MOORE      CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip      Country

4. FEI Number <b>59-3758739</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PRINCE, TIM 1513 SOUTH MILLS AVENUE ORLANDO FL 32806</b>
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7. Name and Address of New Registered Agent Name _____ Street Address (P O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 _____	DATE _____
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGR PRINCE, TIM 1513 S MILLS AVE ORLANDO FL 32806</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/> Delete</td> </tr> </table>	MGR PRINCE, TIM 1513 S MILLS AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">MGR NEEL, ROBIN 1513 S MILLS AVE ORLANDO FL 32806</td> <td style="text-align: right; vertical-align: top;"><input type="checkbox"/> Delete</td> </tr> </table>	MGR NEEL, ROBIN 1513 S MILLS AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete		

10. ADDITIONS/CHANGES			
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03/02/05-80020-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Tim Prince</u>	Date: <u>2-27-05</u>	Daytime Phone #: <u>407-897-5265</u>
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