

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L0200Q003789

1. Entity Name
JL PROPERTIES, LLC



Principal Place of Business
**3755 N. INDIAN RIVER DR.
COCOA, FL 32926 US**

Mailing Address
**3755 N. INDIAN RIVER DR.
COCOA, FL 32926 US**



03162004No Chg.-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0032906

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JORDAN, JAMES T
3755 N. INDIAN RIVER DR.
COCOA, FL 32926**

**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	MGRM LOCKARD, VICTORIA G 118 LA RIVIERE RD. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN, TERRI P 3755 N. INDIAN RIVER DR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN, JAMES T 3755 N. INDIAN RIVER DR. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOCKARD, STANLEY G 118 LA RIVIERE RD. COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UD00000135403
04/28/04-80057-015 \$0.00

**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: *James T. Jordan* **James T. Jordan**

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

4-25-04

Date

321-480-4005

Daytime Phone #