

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000003789

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**



01032005 No 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, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000210908
02/02/05-80091-006 50.00

**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

6-31-05

Date

321-480-4005

Daytime Phone #