

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000013444**

1. Entity Name

JERICO PROPERTIES, L.L.C.



Principal Place of Business

806A THIRD STREET  
NEPTUNE BEACH, FL 32266

Mailing Address

806A THIRD STREET  
NEPTUNE BEACH, FL 32266

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 041 \*\*\*\*50.00

20061000



03032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2373099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

AHERN, FRED L JR.  
2215 SOUTH THIRD STREET  
101  
JACKSONVILLE BEACH, FL 32250

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
JERICO HOLDINGS, INC.  
806A THIRD STREET  
NEPTUNE BEACH, FL 32266

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
JARRETT REAL ESTATE COMPANY, INC.  
806A THIRD STREET  
NEPTUNE BEACH, FL 32266

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

4-7-06

Date

(904) 247-7000

Daytime Phone #