

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000017381**

1. Entity Name  
**J.T. PROPERTIES, LLC**



Principal Place of Business  
**670 A A1A BEACH BLVD  
ST. AUGUSTINE BEACH, FL 32080**

Mailing Address  
**670 A A1A BEACH BLVD  
ST. AUGUSTINE BEACH, FL 32080**



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CLIFTON, JOHN THOMAS  
670 A A1A BEACH BLVD  
ST. AUGUSTINE BEACH, FL 32080**

**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**

U00000108288

04/09/04-80049-015 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD CLIFTON, JOHN 670 A A1A BEACH BLVD SAINT AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, TRISH 45 SURF DRIVE SAINT AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** \_\_\_\_\_

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

*April 7, 2004* 904/460-1005

Date

Daytime Phone #