

ANNUAL REPORT (AR)

DOCUMENT # L02000017381

1. Entity Name

J.T. PROPERTIES, LLC



FILED
Apr 13, 2007 08:00 AM
Secretary of State

Principal Place of Business

45 SURF DRIVE
ST. AUGUSTINE BEACH FL 32080

Mailing Address

45 SURF DRIVE
ST. AUGUSTINE BEACH FL 32080



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-2039928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

CLIFTON, JOHN THOMAS
45 SURF DRIVE
ST. AUGUSTINE BEACH FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRD
CLIFTON, JOHN SR
45 SURF DRIVE
SAINT AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CLIFTON, TRISH
45 SURF DRIVE
SAINT AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CLIFTON, JOHN T JR
1120 FOX CREEK DR
MCDONOUGH GA 30252 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000703919
04/20/07-80160-015 50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John Thomas Clifton

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

Date

4/9/07

Daytime Phone #

904/460-1005