

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000021611

1. Entity Name
J & J DEVELOPMENT, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 9:31

Principal Place of Business
502 KING LAKE BOULEVARD
DEFUNIAK SPRINGS, FL 32433

Mailing Address
502 KING LAKE BOULEVARD
DEFUNIAK SPRINGS, FL 32433

2. Principal Place of Business
34 Heron's Watch Way
Suite, Apt. #, etc.
Unit # 6205

3. Mailing Address
34 Heron's Watch Way
Suite, Apt. #, etc.
Unit # 6205

City & State
Santa Rosa Beach, FL
Zip
32459

City & State
Santa Rosa Beach, FL
Zip
32459

06082005 Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0106820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JEROME
4773 GRIMES ROAD
LAUREL HILL, FL 32567

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] managing member 6/09/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ODOM, JAMES L
502 KING LAKE BOULEVARD
DEFUNIAK SPRINGS, FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HARRISON, JEROME
4773 GRIMES ROAD
LAUREL HILL, FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
200056446772
06/22/05--01068--001 **50.00

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☐ Change ☐ Addition

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

6/09/05 (850)865-4513
Date Daytime Phone #