

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000021674



1. Entity Name
J & R PROFESSIONAL PROPERTY MANAGEMENT, L.L.C.

Principal Place of Business
387 SOUTHAMPTON DR.
INDIANLANTIC, FL 32903

Mailing Address
387 SOUTHAMPTON DR.
INDIANLANTIC, FL 32903



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 13-4209367 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

DEMENKOW, ROBERTA B
387 SOUTHAMPTON DRIVE
INDIALANTIC, FL 32903

**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 Roberta Demenkow

1/13/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | DEMENKOW, ROBERTA B |
| STREET ADDRESS | 387 SOUTHAMPTON DRIVE |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 |

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | DEMENKOW, JAMES W |
| STREET ADDRESS | 387 SOUTHAMPTON DRIVE |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 |

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01/25/06-80017-003 50.00

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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: James W Demenkow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/13/06 (321)956-0684
Date Daytime Phone #