


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000021674
 1. Entity Name
 J & R PROFESSIONAL PROPERTY MANAGEMENT, L.L.C.



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

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 13-4209367 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 DEMENKOW, ROBERTA B
 387 SOUTHAMPTON DRIVE
 INDIANLANTIC, FL 32903

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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 1/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00
Due by May 1, 2007

000000622648
 02/13/07-60033-015 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEMENKOW, ROBERTA B 387 SOUTHAMPTON DRIVE INDIANLANTIC, FL 32903 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEMENKOW, JAMES W 387 SOUTHAMPTON DRIVE INDIANLANTIC, FL 32903 |
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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 1/31/07 (321) 243-0654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #