


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021674**

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



Principal Place of Business <b>387 SOUTHAMPTON DR.          INDIANLANTIC, FL 32903</b>	Mailing Address <b>387 SOUTHAMPTON DR.          INDIANLANTIC, FL 32903</b>
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**DO NOT WRITE IN THIS SPACE**



01272008No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

**DEMENKOW, ROBERTA B  
 387 SOUTHAMPTON DRIVE  
 INDIANLANTIC, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
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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 02/05/08 80073-012 138.75

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: *Roberta B Demenkow* Date: *1/27/08*

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