FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90035 041 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000025297

1. Entity Name
JANDONN PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
12325 HIGHWAY 672 E. BALM, ROAD LAKELAND, FL 33503	PO BOX 246 BALM, FL 33503

DO NOT WRITE IN THIS SPACE

04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0079684
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOODSON, JANET
12325 HIGHWAY 672 E.
BALM, FL 33503

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOODSON, JANET
STREET ADDRESS	PO BOX 246
CITY-ST-ZIP	BALM, FL 33503
TITLE	T
NAME	GOODSON, DONNA Please Correct name to DONN GOODSON
STREET ADDRESS	PO BOX 246, 12325 CR 672 E
CITY-ST-ZIP	BALM, FL 33503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Janet Goodson Janet Goodson 4-24-05 813-685-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #