

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000026604

1. Entity Name
J & M PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:07

Principal Place of Business
2711 TAMPA ROAD
PALM HARBOR, FL 34684

Mailing Address
2711 TAMPA ROAD
PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1167048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRIS, MICHAEL E ESQ
2469 ENTERPRISE ROAD
CLEARWATER, FL 33763

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PIKOS, MICHAEL
1235 N FLORIDA AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TARRABANI, JOHN
22 SPRING BLVD N
TARPON SPRINGS, FL 34687

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

900088242619
02/13/07--01049--011 **50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1.19.07 727-937-7200