


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90025 044 \*\*\*\*50.00

DOCUMENT # L02000026934					
1. Entity Name <b>FOUR J PROPERTIES, LLC</b>					
Principal Place of Business <b>PO BOX 2288 SARASOTA, FL 34230</b>			Mailing Address <b>PO BOX 2288 SARASOTA, FL 34230</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>33-1025237</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233</b>			Name <b>SHIRLEY LARRENA, EA</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 MILES + THIRION, CPA, PA</b> <b>2050 PROCTOR ROAD, SUITE F</b> City <b>SARASOTA</b> FL Zip Code <b>34231</b>		
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 <i>Shirley Larrena, EA</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CONDRAK, JAMES P.O. BOX 2288 SARASOTA, FL 34230</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>James Condrack</i>		Date: <b>3-30-07</b>		Daytime Phone #: <b>941 828 2773</b>	