FILED
Sep 20, 2004 8:00 am
Secretary of State
08-30-2004 90140 031 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/3

DOCUMENT # L03000009591

1. Entity Name
JANTO PROPERTIES, LLC

34010463

07262004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
3812 BECONTREE PLACE OVIEDO, FL 32765	3812 BECONTREE PLACE OVIEDO, FL 32765
2. Principal Place of Business: Florida	3. Mailing Address: 3812 Becontree Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oviedo, Florida	City & State: Oviedo, Florida
Zip: 32765 Country: Seminole	Zip: 32765 Country: Seminole

4. FEI Number: 27-0052106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSSETTER, JANET A
3812 BECONTREE PLACE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Janet A. Rossetter
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	President	☐ Delete
NAME	JANET Rossetter	
STREET ADDRESS	3812 Becontree Place	
CITY-ST-ZIP	Oviedo, Florida 32765	
TITLE	Treasurer	☐ Delete
NAME	Thomas Gunning	
STREET ADDRESS	15481 Holly DR	
CITY-ST-ZIP	Smithfield, Virginia 23430	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 A. Rossetter 8/25/04 (407)365-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #