

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90034 024 ****50.00

DOCUMENT # L03000010917					
1. Entity Name J & S PROPERTIES, L.C.					
Principal Place of Business P.O. BOX 448 PLACIDA, FL 33946			Mailing Address 99 NESBIT STREET C/O DAVID HOLMES PUNTA GORDA, FL 33950 480 N. River Rd.		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 448 Venice FL 34293			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Venice FL 34293			
City & State		City & State Florida, FL			
Zip	Country	Zip	Country	4. FEI Number 05-0573642	
33946	USA	33946	USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950-3636			Name John E. Brandenberger Street Address (P.O. Box Number is Not Acceptable) 480 N. River Rd. City Venice FL 34293 Zip 34293		
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 4/2/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANDENBERGER, JOHN P.O. BO 448 PLACIDA, FL 33946	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date 4/2/07 Daytime Phone #		