

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012242

Entity Name: JEN SU PROPERTIES, LLC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

630 N.W. 55TH STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

46 SE 854TH AVENUE
SUWANNEE, FL 32692

Current Mailing Address:

630 N.W. 55TH STREET
GAINESVILLE, FL 32607

New Mailing Address:

P. O. BOX 430
SUWANNEE, FL 32692

FEI Number: 65-1181562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOUGER, RICHARD J
630 N.W. 55TH STREET
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

GOUGER, RICHARD J
46 SE 854TH AVENUE
SUWANNEE, FL 32692 US

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.

SIGNATURE:

03/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOUGER, RICHARD J DR
Address: 630 NW 55TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM () Delete
Name: GOUGER, LINDA O MRS
Address: 630 NW 55TH STREET
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOUGER, RICHARD J DR
Address: P. O. BOX 430
City-St-Zip: SUWANNEE, FL 32692 US

Title: MGRM (X) Change () Addition
Name: GOUGER, LINDA O MRS
Address: P. O. BOX 430
City-St-Zip: SUWANNEE, FL 32692 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD GOUGER

MGRM

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date