2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013048

Entity Name: J & M PROPERTIES LLC

City-St-Zip:

CLEWISTON, FL 33440

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 115 S. GLORIA ST. CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** PO BOX 1795 CLEWISTON, FL 33440 FEI Number: 57-1161368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, RICHARD 115 S. GLORIA ST. CLEWISTON, FL 33440 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MILLER, RICHARD Name: Name: Address: 334 E. CRESCENT DRIVE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: MILLER, LISA Name: Address: 334 E. CRESCENT DRIVE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JONES, LAURA D Name: Name: 243 W. DEL MONTE AVE Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JONES, SCOTT Name: 243 W. DEL MONTE Address: Address:

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.

City-St-Zip:

SIGNATURE: RICHARD MILLER MGRM 03/19/2008