


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000014761</b> 1. Entity Name <b>JURNEY PROPERTIES, LLC</b>	
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Principal Place of Business <b>2855 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>2855 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>65-1185011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS RD  
450  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

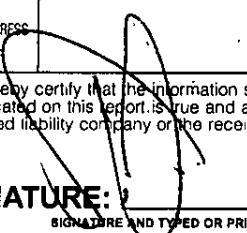
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURNEY, FRANK T 2855 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURNEY, GAYLE W 2855 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32246
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01/15/08-80083-016 143.75

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_