2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L03000024877

Entity Name: TRIPLE J PROPERTIES LLC

Current Principal Place of Business:

6400 YELLOW WOOD PLACE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

6400 YELLOW WOOD PLACE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 20-0077783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARDEN, JULIE A
6400 YELLOW WOOD PLACE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ARDEN, JULIE A	
Address:	6400 YELLOW WOOD PL	
City-St-Zip:	SARASOTA, FL 34241	
Title:	VP	( ) Delete
Name:	ESLINGER, JEFFERY D	
Address:	4801 SWEETSHADE DR.	
City-St-Zip:	SARASOTA, FL 34241	
Title:	TS	( ) Delete
Name:	ESLINGER, JAMES L	
Address:	8424 COASH RD.	
City-St-Zip:	SARASOTA, FL 34241	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JULIE A ARDEN P 03/12/2009

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