

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034528

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: J, L & J PROPERTIES, LLC

**Current Principal Place of Business:**

611 EAST SAM ALLEN ROAD  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 EAST SAM ALLEN ROAD  
PLANT CITY, FL 33563 US

**New Mailing Address:**

FEI Number: 20-0268141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LORI JEFFCOAT  
611 E SAM ALLEN RD.  
PLANT CITY, FL 33563 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: MGRM (X) Delete  
Name: GRANGER, JOHN H  
Address: 613 SAM ALLEN RD  
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGRM ( ) Delete  
Name: JEFFCOAT, LORI G  
Address: 611 EAST SAM ALLEN ROAD  
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGRM (X) Delete  
Name: BELL, JAMIE S  
Address: 2405 EAST NEWSOME ROAD  
City-St-Zip: PLANT CITY, FL 33565 US

**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: LORI JEFFCOAT

MGR

04/16/2009

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