2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 15, 2008 8:00 am **Secretary of State** DOCUMENT # L04000035769 02-15-2008 90056 005 ***143.75 JMJ PROPERTY DEVELOPMENT, LLC Principal Place of Business Mailing Address 14780 STIRRUP LANE 14780 STIRRUP LANE ロロロロはちかと WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 20-1406163 Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSTON, JUDY Street Address (P.O. Box Number is Not Acceptable) 14780 STIRRUP LANE WELLINGTON, FL 33414 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE MGRM ☐ Delete title ☐ Chance Addition JOHNSTON, MARK NAME NAME 14780 STIRRUP LANE STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition JOHNSTON, JUDY NAME NAME 14780 STIRRUP LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON, FL 33414 MGRM ☐ Detete TITLE ☐ Change ■ Addition FREELAND, JEREME NAME NAME 14780 STIRRUP LANE STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP_ CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED