

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 018 *****50.00

DOCUMENT # L04000066473

1. Entity Name

JR EISENMAN PROPERTIES, LLC



Principal Place of Business

10131 WEST FOREST HILL BLVD STE. 100-
WELLINGTON FL 33414-6109

Mailing Address

10131 WEST FOREST HILL BLVD STE. 100-
WELLINGTON FL 33414-6109

2. Principal Place of Business - No P.O. Box #

12989 Southern Blvd

3. Mailing Address

P.O. Box 213039

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Royal Palm Beach FL

Zip

33470

Country

USA

Zip

33401

Country

USA

6. Name and Address of Current Registered Agent

ATTERBURY, WILLIAM W
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TALBOTT, MADELEINE C
STREET ADDRESS 10131 WEST FOREST HILL BLVD STE. 100-A
CITY- ST- ZIP WELLINGTON FL 33414-6109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

M. Talbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/07

201-753-7487

Date

Daytime Phone #