2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # L04000070661** 1. Entity Name JARVIS PROPERTIES, LLC Principal Place of Business Mailing Address P. O. BOX 956 P. O. BOX 956 CRYSTAL BEACH, FL 34681 CRYSTAL BEACH, FL 34681 04232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1641622 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent FANOVICH, RUTH DO NOT WRITE 1321 NEBRASKA AVENUE PALM HARBOR, FL 34683 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. Signature, typed or printed name of registered agent and tate if applicable 05/20/08-80034-010 138.75 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME **FANOVICH, RUTH** P. O. BOX 956 STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681 MGR TITLE O'BYRNE, LISA R NAME STREET ADDRESS 1415 ILLINOIS AVENUE PALM HARBOR, FL 34683 CITY-ST-7/2 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C/TY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 feetwer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP

4/23/08

727-787-8677

Daytme Phone #

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