

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000084107

1. Entity Name
J.N.S. PROPERTIES, L.L.C.



Principal Place of Business
**480 PEPPERMILL CIRCLE
KISSIMMEE, FL 34758**

Mailing Address
**480 PEPPERMILL CIRCLE
KISSIMMEE, FL 34758**



04142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0659659	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, LINDA
480 PEPPERMILL CIR
KISSIMMEE, FL 34758**

**DO NOT WRITE
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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000518419
05/02/06-80010-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LINDA 480 PEPPERMILL CIRCLE KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAPIER, ADYS 1777 HARBOR BLVD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, PATTI A 141 DARLINGTON LOOP DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Linda Odor*

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

4/15/06

Date

407-704-6263

Daytime Phone