

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90129 006 ****50.00

DOCUMENT # L05000011727	
1. Entity Name JLPM PROPERTIES, L.L.C.	

Principal Place of Business 19211 VINTAGE TRACE CIRCLE FT. MYERS, FL 33912	Mailing Address 19211 VINTAGE TRACE CIRCLE FT. MYERS, FL 33912
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2279828	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CARROLL, JOHN L JR 19211 VINTAGE TRACE CIRCLE FT. MYERS, FL 33912	

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 except the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARROLL, JOHN L JR 19211 VINTAGE TRACE CIRCLE FT. MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: <u>John L. Carroll</u>	Date: <u>2/26/06</u>	Daytime Phone #: <u>239-267-4808</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		