

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012872

Entity Name: JNP PROPERTIES, LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

17633 GUNN HWY.  
SUITE 242  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

17633 GUNN HWY.  
SUITE 242  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-3797600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORBES, JOHN  
18831 MAISONS DR.  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FORBES, JOHN  
Address: 18831 MAISONS DR  
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Delete  
Name: HERNANDEZ, RAFAEL  
Address: 20040 NOB OAK AVE  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN FORBES

MGRM

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date