


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012904 1. Entity Name J. BAR. J. PROPERTIES, LLC	
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FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business 1641 NORTH TAMiami TRAIL NORTH FORT MYERS, FL 33903	Mailing Address PO BOX 3683 NORTH FORT MYERS, FL 33918
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09042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3139777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BEARDMORE, TERESA L EA 80 PONDELLA RD STE E NORTH FORT MYERS, FL 33903

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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIPPINCOTT, TRINA L 1641 NORTH TAMiami TRAIL NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LARRY 253 W MARINA AVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, ALICE 253 W MARINA AVE NORTH FORT MYERS, FL 33903
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09/09/08-80006-005 138.75

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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: *Keith W Johnson* **Keith W Johnson** 9-2-08 239-997-7982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #