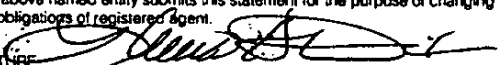


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-02-2007 90441 005 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000014829		
1. Entity Name JL SOUTH PROPERTIES LLC		
Principal Place of Business 3581 MERCANTILE AVENUE NAPLES, FL 34104		Mailing Address 3581 MERCANTILE AVENUE NAPLES, FL 34104
DO NOT WRITE IN THIS SPACE		
		03192007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 20-2561272		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
8. Name and Address of Current Registered Agent CLARY, MARY BETH M ESQ 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108		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:  3/20/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, JAMES S 3581 MERCANTILE AVENUE NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIXON, LAURA H 3581 MERCANTILE AVENUE NAPLES, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes. SIGNATURE:  4-13-07 239-436-1569 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		