2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 03, 2008 8:00 am **DOCUMENT # L05000016976** Secretary of State 03-03-2008 90407 006 ***138 75 CHASE UNIVERSITY PROPERTIES, L.L.C. Principal Place of Business Mailing Address 3878 EAST MILLER'S BRIDGE ROAD -3878 EAST MILLER'S BRIDGE ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 11 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3787 EastMiller's Bridge Road 3787 East Miller's Bridge Road Suite, Apt. #, etc. 02292008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For FL Callabassee FL Tallahassel 20-2369952 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, STUART E ESQ. Street Address (P.O. Box Number is Not Acceptable) 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308 City 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 accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE MERM Change Addition JLC HOLDINGS, L.L.C. JLC Holdingsuc NAME NAME 3787 East Miller's Bridge Rd STREET ADDRESS 3878 EAST MILLER'S BRIDGE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY - ST- 7IP Tallahassee FL 32312 TITLE ☐ Delete TITLE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TID F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

Audio Chapter 608 S50 - 591 - 2887

SIGNATURE.