2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jun 16, 2006 8:00 am Secretary of State DOCUMENT #L05000018445 06-16-2006 90001 013 ****50.00 1. Enlity Name JTR PROPERTIES, LLC Principal Place of Business Mailing Address 40095917 4141 NW 37TH PLACE 4141 NW 37TH PLACE SUITE A SUITE A GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2385018 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IVEY, RAYMOND M Street Address (P.O. Box Number is Not Acceptable) 4041 NW 37TH PLACE SUITE B GAINESVILLE, FL 32606 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition IVEY, RAYMOND M NAME NAME STREET ADDRESS 4041 NW 37TH PLACE, SUITE B STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition FRECK, JOSEPH E NAME NAME 4141 NW 37TH PLACE, SUITE A STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition MCINTOSH, THOMAS P JR. NAME STREET ADDRESS STREET ADDRESS 4141 NW 37TH PLACE, SUITE A GAINESVILLE, FL 32606 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

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