

FILED
May 02, 2007 8:00 am
Secretary of State

04-19-2007 90027 011 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000026859		
1. Entity Name JOLLEY PROPERTIES, LLC		
Principal Place of Business 2025 DEEL ROAD GREEN COVE SPRINGS, FL 32043		Mailing Address P.O. BOX 455 GREEN COVE SPRINGS, FL 32043
DO NOT WRITE IN THIS SPACE		
		 01032007 No Chg-LLC CR2E083 (11/05)
4. FEI Number NOT APPLICABLE		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		
MCQUAIG, DAVID H 4745 SUTTON PARK COURT, SUITE 103 JACKSONVILLE, FL 32224		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  <small>Signature, typed or printed name of registered agent, or both, if applicable.</small>		4/18/07 <small>DATE</small>
(NOTE: Registered Agent signature required when reappointing)		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOLLEY, STEVE 2025 DEEL RD GREEN COVE SPRINGS, FL 32043	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
		<small>Date</small> Daytime Phone #