2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028415

Name:

Address:

City-St-Zip:

WILKINS, DELIA

3130 KINGS DRIVE

PANAMA CITY, FL 32405 US

Entity Name: JAY AND JAY LAND HOLDINGS, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 526 BUNKERS COVE ROAD 3130 KINGS DRIVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32405 US **Current Mailing Address: New Mailing Address:** 526 BUNKERS COVE ROAD 3130 KINGS DRIVE PANAMA CITY, FL 32401 US PANAMA CITY, FL 32405 US FEI Number: 20-3816942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARLOGA, SCOTT B 220 MCKENZIE AVENUE PANAMA CITY, FL 32402 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BEISWANGER, JAY Name: Name: Address: 526 BUNKERS COVE ROAD Address: City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BEISWANGER, KATHRYN Name: Address: 526 BUNKERS COVE ROAD Address: City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILKINS, JAMES Name: Name: Address: 3130 KINGS DRIVE Address: City-St-Zip: PANAMA CITY, FL 32405 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES WILKINS MGRM 04/15/2009