## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Mar 27, 2008 8:00 am Secretary of State **DOCUMENT # L05000031030** 03-27-2008 90083 042 \*\*\*138.75 J.B.D. III INVESTMENT PROPERTIES, LLC Principal Place of Business Mailing Address 151 SE LAKESHORE DR 151 SE LAKESHORE DR 60017359 MADISON, FL 32340 MADISON, FL 32340 03172008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2588346 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, JAMES B JR DO NOT WRITE 151 SE LAKESHORE DR MADISON, FL 32340 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DAVIS, JAMES B Ur, 151 SE LAKESHORE DR STREET ADDRESS CITY-ST-ZIP MADISON, FL 32340 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED