

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037702

Entity Name: JICB PROPERTIES, LLC

FILED  
Jul 24, 2006  
Secretary of State

**Current Principal Place of Business:**

2303 GULF SHORE BLVD. N.  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2303 GULF SHORE BLVD. N.  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 20-2842836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COHEN & GRIGSBY, P.C.  
27200 RIVERVIEW CENTER BLVD.  
SUITE 309  
BONITA SPRINGS, FL 34134 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:**

Title: MGRM ( ) Delete  
Name: ANDERSON, JAMES I  
Address: 2303 GULF SHORE BLVD. N.  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: ANDERSON, CATHERINE B  
Address: 2303 GULF SHORE BLVD. N.  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES I ANDERSON

MGRM

07/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date