2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054568

Entity Name: J & S PROPERTIES, LLC.

FILED Jun 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% TODD SNIPES % ANTHONY T. SNIPES 1100-4 PONCE DE LEON BLVD 4212 OAK LANE

ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

% TODD SNIPES % ANTHONY T. SNIPES

1100-4 PONCE DE LEON BLVD 4212 OAK LANE

ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32086

FEI Number: 20-2968843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

SNIPES, TODD SNIPES, ANTHONY T 1100-4 PONCE DE LEON BLVD 4212 OAK LANE

ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32086 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: ANTHONY T. SNIPES 06/07/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SNIPES, TODD
 Name:
 SNIPES, ANTHONY T

 Address:
 1100-4 PONCE DE LEON
 Address:
 4212 OAK LANE

City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32086

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: ANTHONY T. SNIPES MGR 06/07/2006