

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060602

Entity Name: JJ FLORIDA PROPERTIES LLC

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

2 S BISCAYNE BLVD 30TH FLR
MIAMI, FL 33131

New Principal Place of Business:

2 SOUTH BISCAYNE BLVD SUITE 3000
MIAMI, FL 33131

Current Mailing Address:

2 S BISCAYNE BLVD 30TH FLR
MIAMI, FL 33131

New Mailing Address:

2 SOUTH BISCAYNE BLVD SUITE 3000
MIAMI, FL 33131

FEI Number: 20-3300198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD STE 250
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GALE, JAMES A
Address: 2 S BISCAYNE BLVD 30TH FLR
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: FELDMAN, JEFFREY
Address: 2 S BISCAYNE BLVD 30TH FLR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALE, JAMES A
Address: 2 SOUTH BISCAYNE BLVD SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition
Name: FELDMAN, JEFFREY
Address: 2 SOUTH BISCAYNE BLVD SUITE 3000
City-St-Zip: MIAMI, FL 33131

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.

SIGNATURE: JEFFREY D. FELDMAN

MGRM

01/17/2009

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