

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 042 ****50.00

DOCUMENT # L05000060942

1. Entity Name
L AND T PROPERTIES, LLC



Principal Place of Business
**563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

Mailing Address
**563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

00030338



DO NOT WRITE IN THIS SPACE

02182007 ~~No Chg~~-LLC *New* CR2E083 (11/05)

4. FEI Number
20-4351082 204495331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, JAMES W JR.
563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

**DO NOT WRITE
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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LEONARD, JAMES W JR.
563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
THOMASINO, MICHAEL J
563 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-14-07

Date

904-349-2893

Daytime Phone #