

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067015

FILED
Jul 20, 2009
Secretary of State

Entity Name: J & J PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

P.O. BOX 176
TARPON SPRINGS, FL 346880176

New Principal Place of Business:

498 KIWI STREET
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 176
TARPON SPRINGS, FL 346880176

New Mailing Address:

FEI Number: 51-0577516 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:

PAREDES, RUTH
708 WHITCOMB BLVD.
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

PAREDES, RUTH
498 KIWI STREET
TARPON SPRINGS, FL 34689 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: RUTH EILEEN PAREDES

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAREDES, RUTH
Address: 708 WHITCOMB BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAREDES, RUTH
Address: 498 KIWI STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DR () Change (X) Addition
Name: PAREDES, AL
Address: 708 WHITCOMB BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

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: AL PAREDES

MGR

07/20/2009

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