

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081511

Entity Name: JCJ PROPERTIES, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

353 LAKE MILLS AVE
CHULUOTA, FL 32766

New Principal Place of Business:

1705 KENNEDY POINT
OVIEDO, FL 32765

Current Mailing Address:

353 LAKE MILLS AVE
CHULUOTA, FL 32766

New Mailing Address:

1705 KENNEDY POINT
OVIEDO, FL 32765

FEI Number: 76-0809028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASON, CRAIN R
353 LAKE MILLS AVE
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

JOHNSON, CHRISTOPHER L
1705 KENNEDY POINT
OVIEDO, FL 32765 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: CHRISTOPHER L. JOHNSON

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, CHRISTOPHER
Address: 1701 KENNEDY POINT, SUITE 1001
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Delete
Name: CRAIN, JASON R
Address: 353 LAKE MILLS AVE.
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, CHRISTOPHER
Address: 1705 KENNEDY POINT
City-St-Zip: OVIEDO, FL 32765

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

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: CHRISTOPHER L. JOHNSON

MGRM

01/21/2009

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