

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084020

Entity Name: JMR PROPERTIES, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

1900 SE 18TH AVENUE STE 300
OCALA, FL 34471

New Principal Place of Business:

10230 SW 86TH CIRCLE
SUITE #3
OCALA, FL 34481

Current Mailing Address:

1900 SE 18TH AVENUE STE 300
OCALA, FL 34471

New Mailing Address:

10230 SW 86TH CIRCLE
SUITE #3
OCALA, FL 34481

FEI Number: 59-2032210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGO, LINDA
1900 SE 18TH AVENUE STE 300
OCALA, FL 34471 US

Name and Address of New Registered Agent:

REED, JOHN M
10230 SW 86TH CIRCLE SUITE #3
OCALA, FL 34481 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: JOHN M REED

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LONGO, LINDA
Address: 1900 SE 18TH AVENUE STE 300
City-St-Zip: OCALA, FL 34471

Title: MGR (X) Delete
Name: REED, JOHN M
Address: 1900 SE 18TH AVENUE STE 300
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REED, JOHN M
Address: 10230 SW 86TH CIRCLE SUITE #3
City-St-Zip: OCALA, FL 34481

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

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: JOHN M REED

MGR

04/18/2007

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