2006 LIMITED LIABILITY COMPANY

SIGNATURE:

May 05, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L05000086775** 05-05-2006 90025 041 ****50.00 J & J PROPERTY VENTURES, LLC Principal Place of Business Mailing Address 1626 PRIMROSE LANE P O BOX 638 PANAMA CITY, FL 32404 PANAMA CITY, FL 32402 2. Principal Place of Business Mailing Address P. 0 Bo X 698 Suite, Apt. #, etc. 04282006 Chg-LLC CR2E083 (11/05) City & State 84-169 2203 Applied For City & State FL nama Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, CECELIA A Street Address (P.O. Box Number is Not Acceptable) 135 HARRISON AVENUE PANAMA CITY, FL 32401 Zip Code City 8. The above named entry 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 reg 4-28-06 SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE Change Addition POSTON, JULIUS NAME NAME STREET ADDRESS 1626 PRIMROSE LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP **MGRM** TITLE ☐ Detete TITLE ☐ Change ☐ Addition JRC INVESTMENTS, INC. NAME NAME P O BOX 6473 STREET ADDRESS STREET ADDRESS **DOTHAN, AL. 36302** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

EU OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED