## FILED Sep 07, 2007 08:00 AN Secretary of State

## 2007 LiMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000092272  1. Entity Name JTL PROPERTIES 2, LLC					
Principal Place of Business Mailing Address 928 NORTH FERDON BOULEVARD 928 NORTH FERDON BOULEV CRESTVIEW, FL 32536 CRESTVIEW, FL 32536		ARD		Na nama mana mana kara kara mana mana ma	
DO NOT WRITE IN THIS SPA			CE	08302007 No Chg-LLC  4. FEI Number 20-4702834  5. Certificate of Status Desired	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			
TWITTY, RICHARD A 928 NORTH FERDON BOULEVARD CRESTVIEW, FL 32536			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					
Fil	Signature, typed or printed name of registered agent and ling Fee is \$50.00 by September 14, 2007	d title if explicable (NOTE Registere	d Agent signature required	when reinstading)	OATE = JAGO
9.	MANAGING MEMBER	S/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TWITTY, RICHARD A 8540 T E ROGERS ROAD LAUREL HILL, FL 32567				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				0000 09/07/0	100773575 17-80004-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
TITLE Name Street address					

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 accounts 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 feesive of trustee empowered to grecule this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

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