

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097540

Entity Name: T & J PROPERTY, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

5212 SW 10TH AVE
CAPE CORAL, FL 33914

New Principal Place of Business:

522 SW 52ND STREET
CAPE CORAL, FL 33914

Current Mailing Address:

5212 SW 10TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

522 SW 52ND STREET
CAPE CORAL, FL 33914

FEI Number: 57-1224479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THEODORE A
5212 SW 10TH AVE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

WILLIAMS, THEODORE A
522 SW 52ND STREET
CAPE CORAL, FL 33914 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: THEODORE A. WILLIAMS

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, THEODORE A
Address: 5212 SW 10TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: SULLIVAN, JAMES H
Address: 2219 28TH ST SW STE 102
City-St-Zip: WYOMING, MI 49519

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, THEODORE A
Address: 522 SW 52ND STREET
City-St-Zip: CAPE CORAL, FL 33914

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: THEODORE A. WILLIAMS

MGRM

03/16/2009

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