

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000098053

1. Entity Name
1201 JCP TIC, LLC



Principal Place of Business
ATTN: SCOTT A. JOHNSON
505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

Mailing Address
ATTN: SCOTT A. JOHNSON
505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401



02072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3618772

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT A
505 S. FLAGLER DRIVE, SUITE 1010
WEST PALM BEACH, FL 33401

**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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, RICHARD S
STREET ADDRESS 505 S. FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME JOHNSON, RICHARD S JR.
STREET ADDRESS 505 S. FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S. FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME KOENIG, PATRICK C
STREET ADDRESS 505 S. FLAGLER DRIVE, SUITE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000850244
03/21/08-60056-011 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

02/29/08

Date

Daytime Phone #