


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90339 021 \*\*\*\*50.00

<b>DOCUMENT # L05000100789</b> 1. Entity Name <b>JJL PROPERTIES, LLC</b>					
Principal Place of Business <b>232 S. DILLARD ST SUITE 201 WINTER GARDEN, FL 34787 US</b>			Mailing Address <b>PO BOX 770609 WINTER GARDEN, FL 34777 US</b>		
2. Principal Place of Business - No P.O. Box # <b>132 W. Plant St.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Winter Garden FL</b>		City & State <b>Winter Garden FL</b>		4. FEI Number <b>20-3612259</b>	
Zip <b>34787</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAY, JACQUELINE M 232 S. DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, ROHLAND A II PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, JAMIE L PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, JAMIE L PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, JAMIE L PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Rohland A June</b> <b>4-11-07</b> <b>407-905-8180</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					