## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE:

## Feb 14, 2008 08:00 AN DOCUMENT # L05000104039 **Secretary of State** 1. Entity Name JHP PROPERTIES, LLC Principal Place of Business Mailing Address 720 E NEW HAVEN AVENUE SUITE #11 720 E NEW HAVEN AVENUE SUITE #11 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 20-3656830 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, J PATRICK Street Address (P.O. Box Number is Not Acceptable) 930 S HARBOR CITY BOULEVARD STE 505 MELBOURNE FL 32901 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Eignature, typed or principlinane of registered agent undit to if applicable (NOTE Bagistorea Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete Change Addition NAME POTOMSKI, JOHN H JR NAME U00000828335 STREET ADDRESS 720 E NEW HAVEN AVENUE, SUITE #11 STREET ADDRESS 02/25/08-80008-008 143.75 CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-Z/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-Z:P TITLE ☐ Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP THUE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 path; 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.

John H. Potomski, Je.

**FILED**