2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108786

1. Entity Name
JAY PROPERTIES LLC

FILED
08 APR -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5743 TENNESSEE DR NEW PORT RICHEY, FL 34652-2848	5743 TENNESSEE DR NEW PORT RICHEY, FL 34652-2848

04022008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9438 US Hwy 19 N.	9438 U.S. Hwy 19 N.
Suite, Apt. #, etc. F 236	Suite, Apt. #, etc. F 236
City & State Port Richey FL	City & State Port Richey FL
Zip / Country 34668 / PASCO	Zip / Country 34668 / PASCO

4. FEI Number
26-0352953
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARMONA, ELIAS 3726 WOODRIDGE PLACE PALM HARBOR, FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. 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

Make check payable to Florida Department of State

9. MGR MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES C. Sorenson ☒ Delete 5743 Tennessee DR New Port Richey FL 34652	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mangeing Member/OWNER ☒ Change ☒ Addition John Del Frate 9229 Chase St Spring Hill, Florida 34606
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 04/02/08-60251-023-#155.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: John Del Frate John Del Frate MGRM 04/02/08 (727) 642-0173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #