2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000114468

1. Entity Name

DOUBLE J'S PROPERTIES, L.L.C.



FILED Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

2360 NE 29TH AVENUE OCALA, FL 34470 Mailing Address

2360 NE 29TH AVENUE OCALA, FL 34470



01152008 No Chg-LLC

CR2E083 (12/07)

315-1979-819

4. FEI Number 33-1133306

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHELLE 2360 NE 29TH AVENUE OCALA, FL 34470

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or both | n, in the State of Florida. I am familiar with, and accept |
|---|--|--|--|
| 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 | <u> </u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WALKER, DONALD 2360 NE 29TH AVENUE OCALA, FL 34470 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | U00000786319 01/17/08-80035-024 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | T MI | HIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CUTY-ST-ZIP | | | |

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