2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# L05000117664

Entity Name: JEM PROPERTIES L.L.C.

Current Principal Place of Business:

420 PLANTATION ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

420 PLANTATION ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 55-0911657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCOBAR, JAVIER
420 PLANTATION ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ESCOBAR, JAVIER
Address: 420 PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete
Name: WILLIAMS, JAMES
Address: P.O. BOX 3932
City-St-Zip: TALLAHASSEE, FL 32315

Title: MGRM ( ) Delete
Name: MCLUCKIE, SCOTT
Address: 8573 BANNERMAN BLUFF DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WILLIAMS, JAMES
Address: P.O. BOX 38448
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAVIER ESCOBAR MGRM 03/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date