

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117664

Entity Name: JEM PROPERTIES L.L.C.

FILED
May 05, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ESCOBAR, JAVIER
420 PLANTATION ROAD
TALLAHASSEE, FL 32303 US

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 38448
City-St-Zip: TALLAHASSEE, FL 32303

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

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

I hereby certify that the information supplied with this filing does not qualify 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

05/05/2009

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