

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90040 034 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000008564			
1. Entity Name JAKSAM PROPERTIES, LLC			
Principal Place of Business 1990 MAIN STREET SUITE 801 SARASOTA, FL 34236		Mailing Address 1990 MAIN STREET SUITE 801 SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03122007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 83-0446668		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 SOUTH ORANGE AVENUE SARASOTA, FL 33423-6		7. Name and Address of New Registered Agent Renam. Glendinning Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 801 City Sarasota FL Zip Code 34236	
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 <u>Renam. Glendinning</u> DATE <u>3/13/07</u> Signature, typed or printed name of registered agent acceptable (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Andrew Brown 1990 Main Street, Suite 801 Sarasota, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Sharon Brown 1990 Main Street, Suite 801 Sarasota, FL 34236 ☐ 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
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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: <u>Sharon Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: <u>3/4/07</u> IDENTIFICATION NUMBER: <u>1447624463320</u>	