

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010237

FILED
Mar 30, 2009
Secretary of State

Entity Name: JABEZ PROPERTIES OF FLORIDA, L.L.C.

Current Principal Place of Business:

5745 SW 43RD STREET ROAD
OCALA, FL 34474

New Principal Place of Business:

2020 SW 57TH AVENUE
OCALA, FL 34474

Current Mailing Address:

5745 SW 43RD STREET ROAD
OCALA, FL 34474

New Mailing Address:

3420 WEST TACON STREET
TAMPA, FL 33629

FEI Number: 56-2556473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWROSKI, MARY
5745 SW 43RD STREET ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

GIBSON, WILLIAM
3420 WEST TACON STREET
TAMPA, FL 33629 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: WILLIAM L. GIBSON

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: LAWROSKI, GREG E
Address: 5745 SW 43 ST RD
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIBSON, WILLIAM L
Address: 3420 WEST TACON STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Change (X) Addition
Name: 3-J PROPERTIES, LLC,
Address: 2631 SE 58TH AVENUE
City-St-Zip: OCALA, FL 34480 US

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: WILLIAM L GIBSON

MGR

03/30/2009

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