

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90055 047 \*\*\*\*50.00

**DOCUMENT # L06000056635**

1. Entity Name  
**JADESTONE PROPERTY MANAGEMENT, LLC**



Principal Place of Business  
163 HICKORY RD  
OCALA, FL 34472-4189

Mailing Address  
163 HICKORY RD  
OCALA, FL 34472-4189

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

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**20-4978573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, YVONNE E  
163 HICKORY RD  
OCALA, FL 34472-4189

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GORDON, DELROY B  
STREET ADDRESS 163 HICKORY RD  
CITY-ST-ZIP Ocala, FL 344724189

TITLE MGRM ☐ Delete  
NAME GORDON, YVONNE E  
STREET ADDRESS 163 HICKORY RD  
CITY-ST-ZIP Ocala, FL 344724189

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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.

*Y. E. Gordon*

*YVONNE GORDON*

*2/12/7*