

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 001 ***138.75

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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 Jadestone Property Mg	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 830845	
City & State		City & State Ocala, FL	
Zip	Country	Zip	Country
34483	USA	34483	USA
4. FEI Number 20-4978573		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, DELROY B 163 HICKORY RD OCALA, FL 344724189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gordon, Delroy B P.O. Box 830845 Ocala, FL 34483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, YVONNE E 163 HICKORY RD OCALA, FL 344724189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gordon, Yvonne E P.O. Box 830845 Ocala, FL 34483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Y. E. Gordon</u> YVONNE GORDON 3/28/8 (352)804-3714			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			