

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90139 048 ****50.00

DOCUMENT # L06000070782					
1. Entity Name JFG PROPERTIES, LLC					
Principal Place of Business 1531 NE 2ND STREET OCALA, FL 34470			Mailing Address 1531 NE 2ND STREET OCALA, FL 34470		
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc			
City & State		City & State		4. FEI Number 20-5411928	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMACHE, JOYCE 1531 NE 2ND STREET OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
State			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 not required for this state.)					
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-STATE-ZIP	MGRM GAMACHE, JOYCE 1531 NE 2ND STREET OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Gammache, Francis 1531 NE 2nd St OCALA, FL 34470	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: _____				Date: 2/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					