

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000089787

1. Entity Name
J & J INVESTMENT PROPERTIES LLC



Principal Place of Business
**6171 59TH PLACE NORTH
ST. PETERSBURG, FL 33709**

Mailing Address
**P.O. BOX 154
13176 NORTH DALE MABRY HIGHWAY
TAMPA, FL 33618**



02122008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3943096

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, STEVE N
6171 59TH PLACE NORTH
SAINT PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, N. STEVE
STREET ADDRESS 6171 59TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE MGR
NAME JOHNSON, MICHELLE
STREET ADDRESS 6171 59TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE S
NAME JOHNSON, MICHELLE
STREET ADDRESS 6171 59TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE T
NAME JOHNSON, N. STEVE
STREET ADDRESS 6171 59TH PLACE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000854138
03/26/08-80096-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Thomas Steven Johnson President

3/26/08

813-333-2610