2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000099029

JDK PROPERTIES XII LLC

FILED Apr 04, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4020 SOUTH PINE AVENUE OCALA, FL 34480

4020 SOUTH PINE AVENUE OCALA, FL 34480



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	<u> </u>	oplied For of Applicable
5. Certificate of Status Desired	\$5.00 Add	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINDER, JACK D **4020 SOUTH PINE AVENUE** OCALA, FL 34480

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		•
NAME STREET ADDRESS CITY-ST-ZIP	MGR KINDER, JACK 4020 SOUTH PINE AVENUE OCALA, FL 34480		U00000882282 04/16/08-80034-020 138.75
NAME STREET ADDRESS CITY-ST-ZIP		·.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 in trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

352-622-2460

Daytime Phone #