

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 02, 2008  
Secretary of State**

DOCUMENT# L06000101284

Entity Name: JTG PROPERTIES LLC

**Current Principal Place of Business:**

6996 PIAZZA GRAND AVE  
SUITE 314, BLDG 8000  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

2517 CORBYTON CT  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 20-5783982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GILLEN, LIAM  
2517 CORBYTON CT  
ORLANDO, FL 32828      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GILLEN, LIAM  
Address: 2517 CORBYTON CT  
City-St-Zip: ORLANDO, FL 32828

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: GILLEN, JEAN  
Address: 2517 CORBYTON CT  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LIAM GILLEN

MGRM

07/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date