

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102722

Entity Name: JAIN PROPERTIES LLC

FILED  
Jul 14, 2008  
Secretary of State

## Current Principal Place of Business:

2203 YANKEE PLACE  
# 421  
ORLANDO, FL 32839

## New Principal Place of Business:

9727 MOUNTAIN LAKE DR  
#  
ORLANDO, FL 32832

## Current Mailing Address:

2203 YANKEE PLACE  
# 421  
ORLANDO, FL 32839

## New Mailing Address:

9727 MOUNTAIN LAKE DR  
#  
ORLANDO, FL 32832

FEI Number: 11-3832755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

JAIN, MAHAVIR  
2203 YANKEE PLACE  
421  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

JAIN, MAHAVIR  
9727 MOUNTAIN LAKE DR  
ORLANDO, FL 32832 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: MAHAVIR JAIN

07/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JAIN, MAHAVIR  
Address: 2203 YANKEE PLACE, # 421  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JAIN, MAHAVIR  
Address: 9727 MOUNTAIN LAKE DR  
City-St-Zip: ORLANDO, FL 32832

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: MAHAVIR JAIN

MGR

07/14/2008

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