

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107005

Entity Name: J & J GOLD PROPERTIES, LLC

FILED  
Jul 02, 2008  
Secretary of State

**Current Principal Place of Business:**

670 GLADES ROAD STE 320  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

670 GLADES ROAD STE 320  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-5879742      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:**

GOLD, JODI S  
9147 RUTLEDGE AVE  
BOCA RATON, FL 33434      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: MGRM      ( ) Delete  
Name: GOLD, JASON  
Address: 9147 RUTLEDGE AVE  
City-St-Zip: BOCA RATON, FL 33434

Title: MGR      ( ) Delete  
Name: SCHOENHAUS GOLD, JODI  
Address: 9147 RUTLEDGE AVENUE  
City-St-Zip: BOCA RATON, FL 33434

**ADDITIONS/CHANGES:**

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

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

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: JODI SCHOENHAUS

OWNE

07/02/2008

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