

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003605

FILED
Apr 21, 2011
Secretary of State

Entity Name: JR PROPERTIES GROUP LLC

Current Principal Place of Business:

8002 SW 29TH ST
DAVIE, FL 33328

New Principal Place of Business:

8002 SW 29TH ST
DAVIE, FL 33328 1

Current Mailing Address:

5900 STIRLING RD BAY #5
HOLLYWOOD, FL 33021

New Mailing Address:

8002 SW 29TH ST
DAVIE, FL 33328 TR

FEI Number: 20-8204823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DASHCOVERS PLUS DEPOT DISTRIBUTION INC
5900 STIRLING RD BAY #5
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DASHCOVERS PLUS DEPOT DISTRIBUTOR, INC
7162 STIRLING ROAD
DAVIE, FL 33024 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: JANE RANDOLPH

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RANDOLPH, JANE
Address: 8002 SW 29TH ST
City-St-Zip: DAVIE, FL 33328 1

Title: MGR
Name: RANDOLPH, JANE
Address: 7162 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024 1

Title: MGR
Name: RANDOLPH, JANE
Address: 7162 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024 1

Title: MGR
Name: RANDOLPH, JANE
Address: 7162 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024 1

Title: MGR
Name: RANDOLPH, JANE
Address: 7162 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024 1

Title: MGR
Name: RANDOLPH, JANE
Address: 7162 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024 1

I hereby 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: JANE RANDOLPH

MGR

04/21/2011

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