


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90067 026 \*\*\*138.75

<b>DOCUMENT # L07000007438</b>	
1. Entity Name <b>BROWN-JACKSON PROPERTIES, LLC</b>	

Principal Place of Business <b>410 NORTH MAIN ST., SUITE 5 CHIEFLAND, FL 32626</b>	Mailing Address <b>410 NORTH MAIN ST., SUITE 5 CHIEFLAND, FL 32626</b>
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**60004090**



2. Principal Place of Business - No P.O. Box # <b>410 N. Main Street</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>Suite #5</b>	Suite, Apt. #, etc.
City & State <b>Chiefland, FL</b>	City & State <b>Chiefland, FL</b>
Zip <b>32626</b>	Country <b>USA</b>

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-82801045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 32626</b>	7. Name and Address of New Registered Agent Name <b>Jennifer L. BROWN-JACKSON, DMD.</b> Street Address (P.O. Box Number is Not Acceptable) <b>410 N. Main Street, Suite #5</b> City <b>Chiefland</b> <b>FL</b> Zip Code <b>32626</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>Jennifer L. BROWN-JACKSON, DMD.</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1-28-2008</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to: Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN-JACKSON, JENNIFER L. 1810 SW 86 TH TERRACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACKSON, SCOTT R 1810 SW 86 TH TERRACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <b>Jennifer L. BROWN-JACKSON, DMD.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>1-28-2008</b> <small>Date</small>	DAYTIME PHONE <b>(352) 493-0099</b> <small>Daytime Phone #</small>
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