


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/21/2008-90020-034-\$143.75-\$143.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/08)

<b>DOCUMENT # L07000009648</b>					
1. Entity Name <b>J &amp; L PROPERTIES, LLC</b>					
Principal Place of Business <b>22621 SE 60TH PLACE HAWTHORNE FL 32640</b>			Mailing Address <b>22621 SE 60TH PLACE HAWTHORNE FL 32640</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>61-1522650</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BURGESS, JOHN 22621 SE 60TH PLACE HAWTHORNE FL 32640</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
DATE _____					
			<b>FILE NOW!!! FEE IS \$538.75.</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>		
			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, LOIS		NAME		
STREET ADDRESS	22621 SE 60TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	HAWTHORNE FL 32640		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>John P. Burgess</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					