

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000011554

Entity Name: OJN PROPERTIES LLC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

649 ROBERTS DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

649 ROBERTS DRIVE  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 20-8437621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAVRATIL, GEORGE  
649 ROBERTS DRIVE  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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  
Name: NAVRATIL, GEORGE  
Address: PO BOX 89123  
City-St-Zip: TAMPA, FL 33689

Title: MGRM  
Name: NAVRATIL, JOHN  
Address: PO BOX 89123  
City-St-Zip: TAMPA, FL 33689

Title: MGRM  
Name: NAVRATIL, VICTORIA  
Address: PO BOX 89123  
City-St-Zip: TAMPA, FL 33689

Title: MGRM  
Name: NAVRATIL, GEORGE JR.  
Address: PO BOX 89123  
City-St-Zip: TAMPA, FL 33689

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: JOHN NAVRATIL

MGR

04/22/2011

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