2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mar 31, 2008 8:00 am Secretary of State DOCUMENT # L07000012410 1. Entity Name 03-31-2008 90264 002 ***138.75 JEANES PROPERTY INVESTMENT, L.L.C. Principal Prace of Business Mailing Address 7411 23RD AVENUE DRIVE WEST 7411 23RD AVENUE DRIVE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business - No P.O. Box # 3. Mailine Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 4. FEI Number Applied For City & State City & State 208366583 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEANES, LINDA Street Address (P.O. Box Number is Not Acceptable) 7411 23RD AVENUE DRIVE WEST **BRADENTON FL 34209** 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, typed or gemedinance of registered agent and title if sepicately tNOTE. Registerati Agent's qualure required when renstating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete ☐ Change Addition MARKE JEANES, LINDA NAME STREET ADDRESS 7411 23RD AVENUE DRIVE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete Title ☐ Change Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THE Delete HILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition MAKE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-Z:P EXTLE ☐ Delete ☐ Change Addition HARAE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

<u>3-10-08</u>

<u>941-761-7807</u>

FILED