

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

04-17-2008 90163 002 ***138.75

DOCUMENT # L07000051016					
1. Entity Name JGP REAL ESTATE HOLDINGS, LLC					
Principal Place of Business 3032 STATE ROAD 590 CLEARWATER, FL 33759			Mailing Address 3032 STATE ROAD 590 CLEARWATER, FL 33759		
2. Principal Place of Business - No P.O. Box # 4921 71st Ave N Suite, Apt. #, etc.		3. Mailing Address 4921 71st Ave N Suite, Apt. #, etc.			
City & State Pinellas Park, FL Zip: 33781 Country: USA		City & State Pinellas Park, FL Zip: 33781 Country: USA		4. FEJ Number 26-0169503	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GLATFELTER, JENA 3032 STATE ROAD 590 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name: Jena Glatfelter Street Address (P.O.-Box Number is Not Acceptable): 4921 71st Ave N City: Pinellas Park, FL Zip Code: 33781		
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: <i>J-Gil</i> Jena Glatfelter DATE: 3-20-08 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE: MGR NAME: GLATFELTER, JENA STREET ADDRESS: 6080 88TH AVENUE CITY-ST-ZIP: PINELLAS PARK, FL 33782	☐ Delete				
TITLE: MGR NAME: RUTHERFORD, MARGARET STREET ADDRESS: 8848 61ST STREET NORTH CITY-ST-ZIP: PINELLAS PARK, FL 33782	☐ Delete				
TITLE: MGR NAME: RUTHERFORD, PAUL STREET ADDRESS: 8848 61ST STREET NORTH CITY-ST-ZIP: PINELLAS PARK, FL 33782	☐ Delete				
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10. ADDITIONS/CHANGES					
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		☐ Change ☐ Addition			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		☐ Change ☐ Addition			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		☐ Change ☐ Addition			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		☐ Change ☐ Addition			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		☐ Change ☐ 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: <i>J-Gil</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: 3-20-08 Daytime Phone: 727-209-2329	