

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094807

FILED
Jan 19, 2009
Secretary of State

Entity Name: 3 J'S LAND MANAGEMENT, L.L.C.

Current Principal Place of Business:

2915 NIAGARA DRIVE
BEAVERCREEK, OH 45431

New Principal Place of Business:

Current Mailing Address:

2915 NIAGARA DRIVE
BEAVERCREEK, OH 45431

New Mailing Address:

FEI Number: 26-1079364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENS, JASON E
4400 E HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578 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 () Delete
Name: JONES, LYNN M
Address: 6715B #18 OVERTON CIRCLE
City-St-Zip: FREDERICK, MD 21703

Title: MGRM () Delete
Name: JONES, DAVID K
Address: 2915 NIAGARA DRIVE
City-St-Zip: BEAVERCREEK, OH 45431

Title: MGRM () Delete
Name: JONES, LANCE B
Address: 5915 NACHOOCHIE TRAIL
City-St-Zip: FLOWERY BRANCH, GA 30542

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, LYNN M
Address: 10320 SWIFT STREAM PLACE, #103
City-St-Zip: COLUMBIA, MD 21044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID K. JONES

MGRM

01/19/2009

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