


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90066 019 ***143.75

DOCUMENT # L07000121862					
1. Entity Name J.S. CHRISTOPHER PROPERTIES LLC					
Principal Place of Business 50 S. 5TH STREET EAGLE LAKE, FL 33839			Mailing Address 50 S. 5TH STREET EAGLE LAKE, FL 33839		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1541			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Eagle Lake, FL		4. FEI Number	
Zip	Country	Zip	Country	02132008 Chg-LLC CR2E083 (12/06)	
33839	POLK-USA	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTOPHER, STANLEY E 50 S. 5TH STREET EAGLE LAKE, FL 33839			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHRISTOPHER, STANLEY E 50 S. 5TH STREET EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHRISTOPHER, JOAN L 50 S. 5TH STREET EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Stanley E Christopher</i>				(863) 298-4092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	