

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109394

FILED
Aug 19, 2009
Secretary of State

Entity Name: JR&S PROPERTIES OF OCALA, LLC

Current Principal Place of Business:

36 LOCUST RUN
OCALA, FL 34472

New Principal Place of Business:

36 LOCUST RUN
OCALA, FL 34472 US

Current Mailing Address:

36 LOCUST RUN
OCALA, FL 34472

New Mailing Address:

36 LOCUST RUN
OCALA, FL 34472 US

FEI Number: 27-0732121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOGER, ROBERT J JR
36 LOCUST RUN
OCALA, FL 34472 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: MOGER, ROBERT J JR
Address: 36 LOCUST RUN
City-St-Zip: OCALA, FL 34472

Title: MGRM () Delete
Name: MOGER, SANDREE U
Address: 36 LOCUST RUN
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOGER, ROBERT J JR
Address: 36 LOCUST RUN
City-St-Zip: OCALA, FL 34472 US

Title: MGRM (X) Change () Addition
Name: MOGER, SANDREE U
Address: 36 LOCUST RUN
City-St-Zip: OCALA, FL 34472 US

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: ROBERT J. MOGER, JR.

MGRM

08/19/2009

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