

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038058

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** JAT PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

191 SUMMERSET DRIVE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160281  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

**FEI Number:** 26-4714425      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, JOSEPH A  
191 SUMMERSET DRIVE  
APOPKA, FL 32712 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  
**Name:** TORRES, JOSEPH A  
**Address:** P.O. BOX 160281  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32716 US

I hereby 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: JOSEPH TORRES

MGRM

02/21/2011

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