2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# L95000000298

Entity Name: JEAN PROPERTIES, L.C.

Current Principal Place of Business:

4131 NW 28TH LANE SUITE 1
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4131 NW 28TH LANE SUITE 1
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3320444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN, JIM
4131 NW 28TH LANE STE. 1
GAINESVILLE, FL 32606 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:	JEAN, JIM	
Address:	4131 NW 28TH LANE SUITE 1	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	MGRM	( ) Delete
Name:	JEAN, FRANK B	
Address:	4131 NW 28TH LANE SUITE 1	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	MGRM	( ) Delete
Name:	JEAN, ALAN R	
Address:	4131 NW 28TH LANE SUITE 1	
City-St-Zip:	GAINESVILLE, FL 32606	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ALAN R. JEAN MGRM 03/19/2007

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