

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003174

FILED
Jan 06, 2009
Secretary of State

Entity Name: BJJ PROPERTIES OF GAINESVILLE, L.L.C.

Current Principal Place of Business:

5200 NW 43RD STREET, SUITE 102 PMB 165
GAINESVILLE, FL 326064482

New Principal Place of Business:

Current Mailing Address:

5200 NW 43RD ST SUITE 102 PMB 165
GAINESVILLE, FL 336064482

New Mailing Address:

FEI Number: 59-3577832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN MICHAEL WILLIAMS
3919 S.W. 5TH PLACE
GAINESVILLE, FL 32607 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: MAY, JOHN B
Address: 9910 NW 53RD BOULEVARD
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: PORTER, WILLIAM S II
Address: 9910 NW 53RD BOULEVARD
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: WILLIAMS, JOHN MICHAEL
Address: P.O. BOX 282
City-St-Zip: GAINESVILLE, FL 32602

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 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: JOHN MICHAEL WILLIAMS

MGRM

01/06/2009

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