


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000007353	
1. Entity Name JTL&L PROPERTIES LLC	

Principal Place of Business 4910 POST POINTE DR. SARASOTA, FL 34233	Mailing Address 4910 POST POINTE DR. SARASOTA, FL 34233
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01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, LISA M 4910 POST POINTE DR. SARASOTA, FL 34233
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**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

U000000585248
01/16/07-80004-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, LISA M 4910 POST POINTE DR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JOHN E 4910 POST POINTE DR. SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLER, THOMAS M 3371 TALLYWOOD CT. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HELLER, LUCY E 3371 TALLYWOOD CT. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lisa M Smith, Manager 1/7/07 941-929-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #