## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000004380

Address:

City-St-Zip:

30745 LONGHORN TRAIL

BULVERDE, TX 78163

Entity Name: LONGHORN JS PROPERTIES, LLC

FILED Apr 28, 2006 Secretary of State

| Current Principal Place of Business:          |  |                                | New Principal Place of Business:            |  |
|---|--|--------------------------------|---|--|
|   | NGHORN TRA<br>DE, TX 78163                             | IL                             |   |  |
| Current Mailing Address:                      |  |                                | New Mailing Address:                        |  |
|   | NGHORN TRA<br>DE, TX 78163                             | IL                             |   |  |
| FEI Number                                    | : 20-2972324   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |  |                                | Name and Address of New Registered Agent:   |  |
|   | , JANE<br>/ 3RD STREET<br>KE PINES, FL                 |                                |   |  |
|   | e named entity s<br>e of Florida.                      | submits this statement for the | purpose of changing its register            | ed office or registered agent, or both |
| SIGNATU                                       | RE:  |                                |   |  |
|   | Electron   | ic Signature of Registered Ag  | ent   | Date                                   |
| MANAGING MEMBERS/MANAGERS:                    |  |                                | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM ()<br>GOODE, JOEL<br>30745 LONGHO<br>BULVERDE, TX | DRN TRAIL                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:                               | MGRM ()<br>GOODE, STEPI                                | Delete<br>HANIE E              | Title:<br>Name:                             | ( ) Change ( ) Addition                |

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: JOEL WALKER GOODE MGRM 04/28/2006