2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001512



FILED Jan 08, 2007 8:00 am Secretary of State

1. Entity Name J&A PROPERTY INVESTMENTS, LLC								01-08-20	JU / 9UZU8	3 002 *****30	.00
Principal Place of Business 9106 MYRTLEWOOD CIRCLE Wast PALM BEACH GARDENS, FL 33418			Mailing Address 9106 MYRTLEWOOD CIRCLE PALM BEACH GARDENS, FL 33418								
2. Principal P	face of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042007	' Chg-LLC	; CR	2E083 (12/06)	
City & State			City & State				4. FEI Num 20-38	ber 87755			oplied For ot Applicable
Zip	Country		Zip Count		try		5. Certificat	te of Status Des	ired 🗌	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent							7. Name an	nd Address of I	New Registe	red Agent	
FROMSON, ABE D					Name						
9106 MYR PALM BEA					Street Address (P.O. Box Number is Not Acceptable)						
. , .e <i>DE</i> ,	1017 07 111	3E(10, 1 E 00+10			9106	My	Hembo	1 arde	West		
					City					FL Zip Cod	е
8. The above	named entity	y submits this statement fo	r the purpose of changing its	registere	ed office or	registere	ed agent, or b	oth, in the State	of Florida.	am familiar with,	and accept
the obligat	ions of regist	ered agent.							1	1 _	
SIGNATURE Signature, lyped or printed name of respitate adjust and title if applicable. (NOTE: Registere Agent signature required:							whose resident states		1/4	(O)	
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	iling Fee i ue by Ma ₎							F		ck payable to artment of State	9
9.	ue by May		RS/MANAGERS	10.						GES State	
	MGRM FROMSO 9106 MYF	MANAGING MEMBE	Delete	TITLE NAMI STRE		9106	MyHlew		Iorida Depa	artment of State	Addition
9. TITLE NAME STREET ADDRESS	MGRM FROMSO 9106 MYF PALM BE. MGRM KAUFMAN 20900 ST	MANAGING MEMBE N, ABE D RTLEWOOD CIRCLE ACH GARDENS, FL 3: N, JONATHAN CLAIR AVE.	Delete	TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS -ST-ZIP	9106	MyHlew	ADDIT	Iorida Depa	GES State	
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I nereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE