

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001512

FILED
Jan 11, 2008
Secretary of State

Entity Name: J&A PROPERTY INVESTMENTS, LLC

Current Principal Place of Business:

9106 MYRTLEWOOD CIRCLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

9106 MYRTLEWOOD CIRCLE W.
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

9106 MYRTLEWOOD CIRCLE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

PO BOX 1804
JUPITER, FL 33468

FEI Number: 20-3887755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROMSON, ABE D
9106 MYRTLEWOOD CIRCLE WEST
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

FROMSON, ABE D
3192 W. COMMUNITY DRIVE
JUPITER, FL 33458 US

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: _____

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FROMSON, ABE D
Address: 9106 MYRTLEWOOD CIRCLE WEST
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: KAUFMAN, JONATHAN
Address: 20900 ST. CLAIR AVE.
City-St-Zip: CLEVELAND, OH 44117

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FROMSON, ABE D
Address: 3192 W. COMMUNITY DRIVE
City-St-Zip: JUPITER, FL 33458

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: ABE FROMSON

MGRM

01/11/2008

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