2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M06000005836 FILED 1. Entity Name Aug 08, 2008 08:00 AM Secretary of State JBM PROPERTIES, LLC Principal Place of Business Mailing Address 101 AIRPORT ROAD 101 AIRPORT ROAD **PEARL, MS 39208** PEARL, MS 39208 07212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5039676 Not Applicable \$5.00 Additional 5. Certificate of Status Desired I glocy sign at the comme Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD IN THIS SPACE PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 U00000957413 U8/U8-80007-024 138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS MGR TITLE MISKELLY, OSCAR S NAME STREET ADDRESS 101 AIRPORT ROAD CITY-ST-ZIP PEARL, MS 39208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP