


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 8:00 am**  
**Secretary of State**

08-31-2007 90066 023 \*\*\*\*50.00

<b>DOCUMENT # L05000008696</b> 1. Entity Name GILLEN CEDAR KEY PROPERTIES, LLC					
Principal Place of Business 11284 SW 27TH AVENUE GAINESVILLE, FL 32607		Mailing Address 11284 SW 27TH AVENUE GAINESVILLE, FL 32607			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-2217507	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  GILLEN, DOUGLAS J 11284 SW 27TH AVENUE GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
GILLEN, DOUGLAS J 11284 SW 27TH AVENUE GAINESVILLE, FL 32607			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00                  Due by September 14, 2007</b>			<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLEN, DOUGLAS J 11284 SW 27TH AVE GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILLEN, JEFFREY D 642 SHORE RD N PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Douglas J Gillen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>8/29/07</u>		Daytime Phone #: <u>352-333-9874</u>