2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90194 001 *****5.00
03-28-2007 90194 002 ****50.00

DOCUMENT # L05000020922

1. Entity Name

COR PROPERTIES, LLC

Principal Place of Business	Mailing Address
1702 EAST JAMES LEE BLVD CRESTVIEW FL 32539	1702 EAST JAMES LEE BLVD CRESTVIEW FL 32539

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
ROGERS CONSTRUCTION CO		ROGERS CONSTRUCTION CO.	
Suite, Apt. #, etc.: 601 N FERDON BLVD		Suite, Apt. #, etc.: 601 N. FERDON BLVD	
City & State: CRESTVIEW, FL		City & State: CRESTVIEW, FL	
Zip: 32536	Country: USA	Zip: 32536	Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 [signature] JAMES P. HINES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROGERS, CECIL O 1702 E JAMES LEE BLVD CRESTVIEW FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3/16/07 850 682-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #