

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028297

FILED
Jul 09, 2007
Secretary of State

Entity Name: O'REILLY PROPERTIES, L.L.C.

Current Principal Place of Business:

1326 WELLSHIRE DRIVE
KATY, TX 77494

New Principal Place of Business:

Current Mailing Address:

C/O JAMES KARL & ASSOCIATES
975 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 26-0111147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KARL, JAMES L II ESQ
975 NORTH COLLIER BOULEVARD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELICE, CYNTHIA
Address: 1326 WELLSHIRE DRIVE
City-St-Zip: KATY, TX 77494

Title: MGRM () Delete
Name: O'REILLY, TODD
Address: 1022 LINCOLN STREET, #334
City-St-Zip: RHINELANDER, WI 54501

Title: MGRM () Delete
Name: O'REILLY, TIMOTHY
Address: 115 2ND STREET S., #1609
City-St-Zip: MINNEAPOLIS, MN 55401

Title: MGRM () Delete
Name: O'REILLY, TEDMOND
Address: W72 N344 FOX POINT AVENUE
City-St-Zip: CEDARBURG, WI 53012

Title: MGRM () Delete
Name: O'REILLY, TERRENCE
Address: 85 BURLINGTON AVENUE
City-St-Zip: WILMINGTON, MA 01887

Title: MGRM () Delete
Name: CASTILLEJA-O'REILLY, NILDA
Address: 765 POINT ARGUELLO
City-St-Zip: OCEANSIDE, CA 92054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: O'REILLY, TODD
Address: 2348 W. ANDREW JOHNSON HWY #118
City-St-Zip: MORRISTOWN, TN 37814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYNTHIA M. FELICE

MGRM

07/09/2007

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