


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-28-2007 90184 017 \*\*\*\*50.00

**DOCUMENT # L05000029942**

1. Entity Name  
**S & M PROPERTIES LLC**



Principal Place of Business  
**418 RUBY LAKE PLACE  
 WINTER HAVEN, FL 33884**

Mailing Address  
**418 RUBY LAKE PLACE  
 WINTER HAVEN, FL 33884**

**60029984**

2. Principal Place of Business - No P.O. Box #  
**1872 Crossroads Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1872 Crossroads Blvd**  
 Suite, Apt. #, etc.



03102007 Chg-LLC CR2E083 (12/06)

City & State  
**Winter Haven, FL**

City & State  
**Winter Haven, FL**

Zip Country  
**33884 USA**

Zip Country  
**33884 USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIGICH, STEVEN  
 418 RUBY LAKE PLACE  
 WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1872 Crossroads Blvd**

City  
**Winter Haven FL** Zip Code **33884 33881**

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 *Steven Zigich* DATE 3/27/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIGICH, STEVEN 418 RUBY LAKE PLACE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIECKFELT, MICHAEL 40428 ESCHENBURG CLINTON TOWNSHIP, MI 48038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOVER, ZIGTH 1872 CROSSROADS BOULEVARD WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Zigich, Steven 1872 Crossroads Blvd Winter Haven, FL 33884 <input checked="" 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	MGRM Lieckfelt, Janet 40428 Eschenburg Clinton Township, MI 48038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIGICH, JANICE 1872 CROSSROADS BLVD. WINTER HAVEN FL 33881 <input type="checkbox"/> Change <input checked="" 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"/> 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: *Steven Zigich* Steven Zigich DATE 3/27/07 863 605-1248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #