


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90210 036 ****50.00

DOCUMENT # L05000065320			
1. Entity Name CONSOLIDATED PROPERTY SERVICES LLC			
Principal Place of Business 311 NE 47TH COURT OCALA, FL 34472 US		Mailing Address 311 NE 47TH COURT OCALA, FL 34472 US	
2. Principal Place of Business - No P.O. Box # <i>1008 EAST SILVER SPRINGS BLVD</i> Suite, Apt. #, etc.		3. Mailing Address <i>1008 EAST SILVER SPRINGS BLVD</i> Suite, Apt. #, etc.	
City & State <i>OCALA, FLORIDA</i>		City & State <i>OCALA, FLORIDA</i>	
Zip <i>34470</i>	Country <i>US</i>	Zip <i>34470</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent STEIN, GLENN 311 NE 47TH COURT OCALA, FL 34472		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1008 EAST SILVER SPRINGS BLVD</i> City <i>OCALA</i> FL Zip Code <i>34470</i>	
4. FEI Number 20-3091856 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, GLENN 311 NE 47TH COURT OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1008 EAST SILVER SPRINGS BLVD</i> <i>OCALA, FLORIDA 34470</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date	(352)-624-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			