2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State
01-12-2007 90027 007 ****50.00

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1. Entity Name
FLOSSMOOR PROPERTIES, LLC

Principal Place of Business	Mailing Address
25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544	25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544

01062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5807 old Pasco Road	5807 old Pasco Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Wesley Chapel, FL
Zip: 33544 Country: USA	Zip: 33544 Country: USA

4. FEI Number: 20-3531799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDELSOHN, LOUIS B
25941 APPLE BLOSSOM LN
WESLEY CHAPEL, FL 33544

7. Name and Address of New Registered Agent

Name: Mendelsohn, Louis B.
Street Address (P.O. Box Number is Not Acceptable): 5807 old Pasco Road
City: Wesley Chapel, FL Zip Code: 33544

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] Louis B. Mendelsohn 1/8/07
Signature, typed or printed name of registered agent and title if applicable (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 MENDELSOHN, LOUIS 25941 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5807 old Pasco Road Wesley Chapel, FL 33544	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Louis B. Mendelsohn MANAGER 1/8/07 813-973-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #