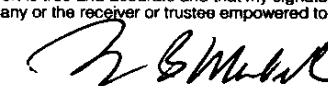


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 007 ****50.00

DOCUMENT # L05000091361 1. Entity Name FLOSSMOOR PROPERTIES, LLC			
Principal Place of Business 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544		Mailing Address 25941 APPLE BLOSSOM LANE WESLEY CHAPEL, FL 33544	
2. Principal Place of Business - No P.O. Box # 5807 Old Pasco Road Suite, Apt. #, etc.		3. Mailing Address 5807 Old Pasco Road Suite, Apt. #, etc.	
City & State Wesley Chapel, FL Zip 33544 Country USA		City & State Wesley Chapel, FL 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 MEDELSON, LOUIS B 25941 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544		7. Name and Address of New Registered Agent Name MEDELSON, 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:  LOUIS B. MEDELSON DATE: 1/8/07 (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDELSON, LOUIS 25941 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5807 Old Pasco Road Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  LOUIS B. MEDELSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		MANAGER DATE: 1/8/07 DAYTIME PHONE: 813-973-0496	