


FILED
Jun 01, 2007 8:00 am
Secretary of State

05-08-2007 90116 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000014589				
1. Entity Name AMERICAN GENERAL PROPERTIES, LLC				
Principal Place of Business 1 SLEIMAN PARKWAY SUITE 400- 270 JACKSONVILLE, FL 32216		Mailing Address 1 SLEIMAN PARKWAY SUITE 400- 270 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1968210
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent BLACKBURN & COMPANY, LC 5130 BELFORT RD. SOUTH BUILDING 600 JACKSONVILLE, FL- 32266			7. Name and Address of New Registered Agent	
			Name Robert K. White	
			Street Address (P.O. Box Number is Not Acceptable) 1 Sleiman Parkway	
			Suite 270	
			City Jacksonville	FL Zip Code 32216
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 <i>Robert K. White</i>		Robert K. White		DATE 3/20/07
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when releasing)</small>		<small>DATE</small>
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		MGRM Sleiman, Anthony T. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		
		MGRM Sleiman, Eli T., Jr. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		
		MGRM Sleiman, Joseph E. 1 Sleiman Parkway, Suite 270 Jacksonville, FL 32216		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<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: <i>Robert K. White</i>		Robert K. White		DATE 3/20/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> 904-731-8806

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