## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 01, 2007 8:00 am Secretary of State 05-08-2007 90116 009 \*\*\*\*50.00

					/ 90116 009 *****		
DOCUMENT # L06000014589  1. Entity Name AMERICAN GENERAL PROPERTIES, LLC					20.00		
Principal Place of Business	Mailing Address			3000	931 <b>6</b>		
1 SLEIMAN PARKWAY Suite <del>100-</del> 270 Jacksonville, FL 32216	1 SLEIMAN PARKWAY Suite <del>100-</del> 270 Jacksonville, Fl 322			-			
2. Principal Place of Business - No P.O.	Box # 3. Mailing Address	_					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03142007	Chg-LLC	CR2E083 (12/06)	)	
City & State	City & State		4. FEI Numb	14-19682	110	oplied For tot Applicable	
Zip Country	Ζiρ	Country	5. Certificate	of Status Desired	S5.00 Ad Fee Require		
6, Name and Address	of Current Registered Agent		7. Name and	Address of New R	egistered Agent		
   BEATTONOM & COMBANY-I-C		Name R	Robert K. White				
BLACKBURN & COMPANY, LC 5130 BELFORT RD. SOUTH			odress (P.O. Box Numb Sleiman Pa		)		
BUILDING 500 JAGKSONVILLE, FL-32256		s	uite 270	_			
		City J	acksonville	14	FL Zip Con	32216	
8. The above named entity submits this s	statement for the purpose of changing its	registered office of	registered agent, or bo	th, in the State of Fic	orida. I am tamillar with	, and accept	
the obligations of registered agent.	a white Ro	bert K. Wh	ite		3/20/07		
SIGNATURE							
Signesure, typed or printed name of H	egetered agent and title if applicable. (NOT	E: Pedistered Agent signalu	rs required when reineaging)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007	opiciared agent and tips if applicable. (NOT	E: Registered Agent signelis	PS FEQUERAL WHEN reinstalling)		· · · · · · · · · · · · · · · · · · ·	to	
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11. Thereby 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.

E AND TYPED OR PRINTED NAME OF BIOINING MANAGEN MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/07

904-731-8806