

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021832

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: PROBATE PROPERTY SOLUTIONS, LLC

**Current Principal Place of Business:**

16330 BIRKDALE DRIVE  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

16330 BIRKDALE DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 20-4493065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

POLEGE, JOSHUA R  
16330 BIRKDALE DRIVE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POLEGE, ROBERT J  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: POLEGE, VIRGINIA R  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: POLEGE, JOSHUA R  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR ( ) Delete  
Name: POLEGE, DAVID H  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR (X) Delete  
Name: NELSON, DANIEL  
Address: 5114 W LONGFELLOW AVE.  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POLEGE, JOSHUA R  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: POLEGE, DAVID H  
Address: 16330 BIRKDALE DRIVE  
City-St-Zip: ODESSA, FL 33556 US

Title: MGR (X) Change ( ) Addition  
Name: NELSON, DANIEL  
Address: 5114 W LONGFELLOW AVE.  
City-St-Zip: TAMPA, FL 33629 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA R. POLEGE

MGRM

03/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date