

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90037 018 \*\*\*\*50.00

DOCUMENT # L06000109604					
Entity Name BACK PORCH PROPERTY, LLC					
Principal Place of Business 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			Mailing Address PO BOX 201 OAKLAND, FL 34760		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5914388</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
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	
		MGR COX, J. P.O. BOX 201 OAKLAND, FL 34760			
		MGR COX, B. P.O. BOX 201 OAKLAND, FL 34760			
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: <u>Jill Cox - manager</u>			Date: <u>2-26-07</u>		Daytime Phone #: <u>4079021897</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					