

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000018575

1. Entity Name
PROPERTY MANAGEMENT TRUST, LLC



FILED

08 JUL -1 AM 8:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



06102008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
**2175 AVENUE A
BRADENTON BEACH, FL 34217**

Mailing Address
**P.O. BOX 14161
BRADENTON, FL 34280**

2. Principal Place of Business - No P.O. Box #
2175 Avenue A

3. Mailing Address
P.O. Box 14161

Suite, Apt. #, etc.

City & State
Bradenton Beach, FL

City & State
Bradenton, FL

Zip **34217** Country **USA** Zip **34280** Country **USA**

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALE, LEN
2175 AVENUE A
BRADENTON BEACH, FL 34217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 **6/26/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
GALE, LEN
P.O. BOX 14161
BRADENTON, FL 34280**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Gale, Len
2175 Avenue A
Bradenton Beach, FL 34217**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**800132102758
07/03/08--U1003--002 **50.00**

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: DATE **6/26/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #