


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90271 010 \*\*\*138.75

**DOCUMENT # L07000041115**

1. Entity Name  
 12333 PROPERTIES, LLC



Principal Place of Business  
 4540 100 AVE N  
 PINELLAS PARK, FL 33782

Mailing Address  
 131 FIRST STREET NW  
 LARGO, FL 33770

00010467



2. Principal Place of Business - No P.O. Box #  
 12333 66<sup>th</sup> STREET  
 Suite, Apt. #, etc.

3. Mailing Address  
 2031 59<sup>th</sup> STREET  
 Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State  
 LARGO, FL.

City & State  
 CLEARWATER, FL.

Zip  
 33773

Country  
 USA

Zip  
 33760

Country  
 USA

4. FEI Number  
 14-2002085

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 WINN, MARVIN  
 131 FIRST STREET NW  
 LARGO, FL 33770

7. Name and Address of New Registered Agent  
 Name JACQUELYN K. GALVIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 2031 59<sup>th</sup> STREET  
 City CLEARWATER, FL Zip Code 33760

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: *Jacquelyn K. Galvin* (NOTE: Registered Agent signature required when reinstating) DATE:

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	JEUP, SHIRLEY A	4540 100 AVE N	PINELLAS PARK, FL 33782	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Shirley A. Jeup* SHIRLEY A. JEUP 3/28/08 727/480-6986

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