

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90084 015 \*\*\*138.75



DOCUMENT # L07000124406

1. Entity Name

STREAMRUNNER PROPERTIES, LLC

Principal Place of Business

1440 N.E. 101 ST.  
 MIAMI SHORES FL 33318  
 US

Mailing Address

1440 N.E. 101 ST.  
 MIAMI SHORES FL 33318  
 US



1st MOORE CR2E083 (10/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-1849199

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

BURCH, GEORGE  
 1440 N.E. 101 ST.  
 MIAMI SHORES FL 33318

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BURCH, GEORGE	
STREET ADDRESS	1440 N.E. 101 ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33318	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARK DEWEY RETIREMENT LLC	
STREET ADDRESS	1440 N.E. 101 ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Burch* **GEORGE BURCH** 3-14-08 954-457-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Customer Phone #