

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003157

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Entity Name:** ALBORS PROPERTIES, L.L.C.

**Current Principal Place of Business:**

5971 BRICK CT.  
SUITE 200  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

5971 BRICK CT.  
SUITE 200  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 59-3545924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEFKOWTITZ, IVAN M ESQ.  
430 NORTH MILLS AVENUE  
ORLANDO, FL 32803 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: MGR ( ) Delete  
Name: ALBORS, RENE A  
Address: 5971 BRICK COURT, SUITE 200  
City-St-Zip: WINTER PARK, FL 32792

Title: MGR ( ) Delete  
Name: ALBORS, THERESA E  
Address: 5971 BRICK COURT, SUITE 200  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

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

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: RENE ALBORS

MGR

01/25/2007

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