


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 028 ****50.00

DOCUMENT # L99000002773

1. Entity Name
 L.S.G.S. PROPERTY, L.L.C.



60025373

Principal Place of Business
 1590 WILDERNESS ROAD
 WEST PALM BEACH, FL 33409

Mailing Address
 1590 WILDERNESS ROAD
 WEST PALM BEACH, FL 33409



2. Principal Place of Business - No P.O. Box #
 2409 No Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address
 2409 No Federal Hwy
 Suite, Apt. #, etc.

03112007 Chg-LLC CR2E083 (12/06)

City & State
 Delray Beach FL

City & State
 Delray Beach FL

Zip
 33483

Country
 PB

Zip
 33483

Country
 PB

4. FEI Number
 65-0922465

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEETS, GLENN
 1590 WILDERNESS ROAD
 WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name
 JEFF SHEETS

Street Address (P.O. Box Number is Not Acceptable)
 2409 NO FEDERAL HIGHWAY

City
 Delray Beach FL

Zip Code
 33483

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]* DATE: 3/16/07

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEETS, GLENN 1590 WILDERNESS ROAD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEETS, ELLA 1590 WILDERNESS ROAD WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 3/16/07 DAYTIME PHONE #: 561-272-6010

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