

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008175

Entity Name: NEL PROPERTIES, L.L.C.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

% JAMES W. GUARNIERI
1111 OAKFIELD DRIVE, SUITE 115
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

% JAMES W. GUARNIERI
1111 OAKFIELD DRIVE, SUITE 115
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-3611210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARNIERI, JAMES W
1111 OAKFIELD DRIVE, SUITE 115
BRANDON, FL 33511 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: MGRM () Delete
Name: GUARNIERI, JAMES W
Address: 1111 OAKFIELD DR., SUITE 115
City-St-Zip: BRANDON, FL 33511

Title: MGR () Delete
Name: MARTINEZ, NERI L
Address: 1111 OAKFIELD DR, STE115
City-St-Zip: BRANDON, FL 33511

Title: MGR () Delete
Name: HOLZ, SIGFRIED
Address: 1111 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

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

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: NERI L MARTINEZ

MGR

01/04/2007

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