


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90008 020 ****50.00

DOCUMENT # L04000058165

1. Entity Name
 1207 PROPERTIES, LLC



Principal Place of Business
 6907 9TH AVENUE, WEST
 BRADENTON, FL 34209 US


Mailing Address
 6709 9TH AVENUE, WEST
 BRADENTON, FL 34209 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1564264

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPACKI, EDWARD J JR.
 6612 27TH AVENUE DRIVE, WEST
 BRADENTON, FL 34209

7. Name and Address of New Registered Agent

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 _____ DATE _____
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COVINS, LAWRENCE II	
STREET ADDRESS	6709 9TH AVENUE, WEST	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LOPACKI, EDWARD J JR	
STREET ADDRESS	6612 27TH AVENUE DRIVE, WEST	
CITY-ST-ZIP	BRADENTON, FL 34209	
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		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(l), 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: *Lawrence Covins II*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/2005 941-792-6929
 Date Daytime Phone #