2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 8:00 am Secretary of State **DOCUMENT # 374639** 1. Entity Name 02-05-2007 90097 015 ***150.00 LIMITED PROPERTIES, INC. Principal Place of Business Mailing Address 2352 HARN BLVD. 2352 HARN BLVD. P. O. BOX 4946 CLEARWATER FL 34618-1946 O. BOX 4946 CLEARWATER FL 34618-1946 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO 4946 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1309692 Not Applicable Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BURNS.JAMES F Street Address (P.O. Box Number is Not Acceptable) 2352 HARN BLVD. **BOX 4946** CLEARWATER FL 34618-1946 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change BURNS, JAMES F NAME NAMI 2352 HARN BLVD. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY - ST - ZIP CITY-ST-ZIP IIILE Delete HIII Change Addition BURNS, ESTELLA L. NAME 2352 HARN BLVD. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY-ST-7IP CHY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MATE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP TITLE ■ Addition ☐ Defete THLE Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP THILE ☐ Defele TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIE CITY-ST-ZIP TITLE ☐ Delete IIIE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED