2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L00000001435

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

Current Principal Place of Business:

3635 S CLYDE MORRIS BLVD #100
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3635 S CLYDE MORRIS BLVD #100
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3628517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGNONE, LOUIS M
3635 S CLYDE MORRIS BLVD #100
PORT ORANGE, FL 32129 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:	AGNONE, LOUIS M	
Address:	3635 S CLYDE MORRIS BLVD #100	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	MGRM	( ) Delete
Name:	STELLA, GREGORY J	
Address:	3635 S CLYDE MORRIS BLVD #100	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	MGRM	( ) Delete
Name:	MOULIS, HARRY	
Address:	3635 S CLYDE MORRIS BLVD #100	
City-St-Zip:	PORT ORANGE, FL 32129	
Title:	MGRM	( ) Delete
Name:	GOLDBERG, PAUL B	
Address:	1070 N. STONE STREET, D	
City-St-Zip:	DELAND, FL 32720	

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:	
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: LOUIS M AGNONE MGR 04/10/2007

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