2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000003194

1. Entity Name
POWER STREET PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
3073 S. HORSESHOE DR. STE 118 NAPLES, FL 34104	3073 S. HORSESHOE DR. STE 118 NAPLES, FL 34104

.60030801.

03192008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0994246	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, TAMARA A
3073 S HORSESHOE DR
STE 118
NAPLES, FL 34104

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IN THIS SPACE

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 if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WRIGHT, TAMARA A
STREET ADDRESS	3073 S HORSESHOE DR, STE 118
CITY-ST-ZIP	NAPLES, FL 34104

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Tamara Wright_   4/10/08   239-643-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #