FILED Mar 14, 2007 8:00 am Secretary of State

2007	LIMITED LIABILITY COMPAN	1 Y
	ANNUAL REPORT	

Principal Place of Business Mailing Address	1. Entity Nam	MENT # LUUUUUUU3 ROPERTIES, L.L.C.	787				03-14-2007	90214 0	08 ****	50.00	
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Space Spac	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092007	Chg-LLC	CR2E0	83 (12/06	i)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, MARCARET 1290 DOYLE RD DELTONA, FL 32725 City City FL Zip Code City FL Zip Co	City & State	е	City & State		1				·· · · · · · · · · · · · · · · · · · ·		
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip -	Country	Zip	Coun	try	5. Certificate	of Status Desired				
Sitest Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE Title		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	igont		
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 Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Filling Fee id \$50.00 Make check payable to Plorida Department of State Plorida Depar											
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MGR Delete NAME SIRET ADDRESS SIRET	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE			
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