

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005371

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: GAINESVILLE PROPERTIES LTD., LLC

## Current Principal Place of Business:

17598 ROCKEFELLER CIRCLE, SUITE 102  
FORT MYERS, FL 339125846

## New Principal Place of Business:

28100 CHALLENGER BLVD  
STE. 103  
PUNTA GORDA, FL 33982

## Current Mailing Address:

17598 ROCKEFELLER CIRCLE, SUITE 102  
FORT MYERS, FL 339125846

## New Mailing Address:

28100 CHALLENGER BLVD  
STE. 103  
PUNTA GORDA, FL 33982

FEI Number: 31-1626390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, F. MICHELLE  
17598 ROCKEFELLER CIRCLE, SUITE 102  
FT MYERS, FL 339125846 US

## Name and Address of New Registered Agent:

MORGAN, F. MICHELLE  
28100 CHALLENGER BLVD  
STE 103  
PUNTA GORDA, FL 33982 US

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: WESLEY MORGAN

01/19/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MORGAN, WESLEY W  
Address: 17598 ROCKEFELLER CIRCLE, SUITE 102  
City-St-Zip: FT MYERS, FL 339125846

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, WESLEY W  
Address: 28100 CHALLENGER BLVD STE. 103  
City-St-Zip: PUNTA GORDA, FL 33982

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: WESLEY MORGAN

MGMR

01/19/2007

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