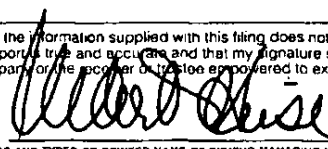


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/8

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

02-08-2007 90145 024 ****50.00

DOCUMENT # L00000006100 1. Entity Name PRINCIPLE PROPERTIES, LLC					
Principal Place of Business 947 CLINT MOORE ROAD BOCA RATON, FL 33487			Mailing Address 947 CLINT MOORE ROAD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 65-1021680				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEISE, MARTIN P 947 CLINT MOORE ROAD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERSON, GERALD BERSON, GERALD 943 CLINT MOORE RD 947 CLINT MOORE RD BOCA RATON, FL 33487	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, HEISE P MARTIN, HEISE P 943 CLINT MOORE RD 947 CLINT MOORE RD BOCA RATON, FL 33487	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 proper officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  2/1/07 0261 997 0045					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					