

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L00000011140<br>1. Entity Name<br>ASTIN COMMERCIAL PROPERTIES, L.L.C. |  |
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|--|--|
| Principal Place of Business<br>107 HOLLOWAY RD<br>PLANT CITY, FL 33567 | Mailing Address<br>PO BOX 3837<br>PLANT CITY, FL 33563 |
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**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3681414 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

GARDNER, J. S  
 220 SOUTH FRANKLIN STREET  
 TAMPA, FL 33602

**DO NOT WRITE 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ASTIN, SAM H III<br>4408 MUDLAKE RD.<br>PLANT CITY, FL 33567      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ASTIN, BETTY B<br>3402 S. SAM ASTIN ROAD<br>PLANT CITY, FL 33566 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ASTIN, BUFFY<br>4408 MUDLAKE RD.<br>PLANT CITY, FL 33567         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000822700  
 02/20/08-80003-009 138.75

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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: *Sam Astin* Sam Astin 2/6/08 813 650-8448

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