


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000011140</b> 1. Entity Name ASTIN COMMERCIAL PROPERTIES, L.L.C.	
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Principal Place of Business 107 HOLLOWAY RD PLANT CITY, FL 33567	Mailing Address PO BOX 3837 PLANT CITY, FL 33563
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3681414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GARDNER, J. S 220 SOUTH FRANKLIN STREET TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTIN, SAM H III 4408 MUDLAKE RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASTIN, BETTY B 3402 S. SAM ASTIN ROAD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASTIN, BUFFY 4408 MUDLAKE RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000822700 02/20/08-80003-009 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Sam Astin</u> 2/6/08 813 650-8448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date Daytime Phone #