


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000013303 1. Entity Name NATHAN PROPERTIES, L.L.C.	
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Principal Place of Business
2600 KUNZE AVE.
ORLANDO, FL 32806

Mailing Address
2600 KUNZE AVE.
ORLANDO, FL 32806



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3679128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MARK F
5316 E. IRLO BRONSON MEMORIAL HIGHWAY
ST. CLOUD, FL 34771

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM ADAMS, MARK F 2600 KUNZE AVE. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WETZEL, JOHN P JR 8425 GOLD KIST BLVD LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY- ST- ZIP	M ADAMS, MICHAEL A 2441 WOODWAY DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000849556
03/21/08-80025-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/08

Date

407-843-4441

Daytime Phone #