


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000016339 1. Entity Name 545 PROPERTIES, LLC	
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Principal Place of Business 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744 US	Mailing Address 3050 MICHIGAN AVENUE KISSIMMEE, FL 34744 US
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**DO NOT WRITE IN THIS SPACE**



01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3703576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.  
200 SOUTH ORANGE AVENUE, SUITE 2300  
ORLANDO, FL 32801

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000843300  
03/12/08-80014-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXLEY, PAUL 3050 MICHIGAN AVE KISSIMMEE, FL 34744
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**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:**  **PAUL OXLEY** **FEB 26, 08** **407 518 7433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #