


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001217 1. Entity Name RICHARDSON PROPERTY MANAGEMENT L.L.C.	
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Principal Place of Business 2186 COFFEE POT BLVD NE SAINT PETERSBURG, FL 33704	Mailing Address 2186 COFFEE POT BLVD NE SAINT PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE



04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3692122	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, DAN K 2186 COFFEE POT BLVD NE ST. PETERSBURG, FL 33704

**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 _____
Signature: typed or printed name of registered agent and title if applicable

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

000000909951
05/06/08-90090-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, DAN K 2186 COFFEE POT BLVD NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, YUEH-CHAO L 2186 COFFEE POT BLVD NE ST. PETERSBURG, FL 33704
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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: Dan K. Richardson **4-17-08** **(727) 822-5612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #