2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007
Secretary of State

DOCUMENT# L01000002048

Entity Name: ISON PROPERTY, LLC

Current Principal Place of Business:

2410 CEDAR SHORES CR.
JACKSONVILLE, FL 32210

New Principal Place of Business:

4724 PARK STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

2410 CEDAR SHORES CR.
JACKSONVILLE, FL 32210

New Mailing Address:

4724 PARK STREET
JACKSONVILLE, FL 32205

FEI Number: 59-3701022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM P.A.
14 EAST BAY STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NEILL, JAMES
Address: 2410 CEDAR SHORES CR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM ( ) Delete
Name: NEILL, DOUGLAS
Address: 2410 CEDAR SHORES CR.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: NEILL, DOUGLAS
Address: 4724 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS NEILL MGRM 08/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date