

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003964

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: BIRKET PROPERTIES, L.L.C.

**Current Principal Place of Business:**

568 WEST SILVER STAR EXT  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 610190  
OCOEE, FL 347610190

**New Mailing Address:**

FEI Number: 59-3706178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIRKET, GLENN A  
568 WEST SILVER STAR EXT  
OCOEE, FL 34761 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: BIRKET, GLENN A MR  
Address: 568 WEST SILVER STAR EXT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGR ( ) Delete  
Name: BIRKET, STEVEN R MR  
Address: 568 WEST SILVER STAR EXT  
City-St-Zip: OCOEE, FL 34761 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BIRKET, GLENN A MR  
Address: 568 WEST SILVER STAR EXT  
City-St-Zip: OCOEE, FL 34761 US

Title: MGRM (X) Change ( ) Addition  
Name: BIRKET, STEVEN R MR  
Address: 568 WEST SILVER STAR EXT  
City-St-Zip: OCOEE, FL 34761 US

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: GLENN BIRKET

MGR

02/06/2008

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