2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000008161

1. Entity Name
TOCCOA PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
2000 PGA BLVD., SUITE 2204 NORTH PALM BEACH, FL 33408	2000 PGA BLVD., SUITE 2204 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1109635	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITLEY, ROBERT B
2000 PGA BLVD., SUITE 2204
NORTH PALM BEACH, FL 33408

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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

Filing Fee is $50.00
Due by May 1, 2007

U000000712761
04/26/07-80060-006 400.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WHITLEY, ROBERT B
STREET ADDRESS	2000 PGA BLVD., STE 2204
CITY-ST-ZIP	NORTH PALM BEACH, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   4/10/07   561-694-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #