

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008266

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** OUR FATHER'S PROPERTIES, L.L.C.

**Current Principal Place of Business:**

1705 E. HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1705 E. HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 59-3723069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SORCHY, JULIANE M  
17805 BONNIEVISTA CT.  
WINTER GARDEN, FL 34787 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:** MGR  
**Name:** SORCHY II, PAUL C  
**Address:** 17805 BONNIEVISTA CT.  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

**Title:** MGR  
**Name:** SORCHY, JULIANE  
**Address:** 17805 BONNIEVISTA CT.  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

I hereby 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:** JULIANE SORCHY

MGR

04/29/2011

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