2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 18, 2008 8:00 am Secretary of State

DOCUMENT # L0100009413 1. Entity Name SHARPE PROPERTIES, L.L.C.					01-18-2008 90018 013 ***138.75			
Principal Place of Business 1313 WEST ZARRAGOSSA		Mailing Address 1313 WEST ZARRAGOSSA		60002364				
PENSACOLA, FI	L 32501	PENSACOLA, FL 3250)1	 		IF ASTIL BRITA JUTO SIRAH TIJARA I	HANDI ANI KANI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P 0 Box 107						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State Pensacola, Florida		4. FEI Number 59-373			oplied For ot Applicable	
Zip	Country	^{Zip} 32591	Country Escambia	5. Certificate	of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	tegistered Agent		
	******		Name					
SHARPE, SAMUEL R 1313 WEST ZARRAGOSSA PENSACOLA, FL 32501			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	•		FL Zip Coo	ie	
	amed entity submits this statement for ns of registered agent.	r the purpose of changing its	s registered office or regis	tered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE	gnature, typed or printed name of registered agent a	and title if applicable. (NO)	E: Hegistered Agent signature requi	Ited when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
		1					e	
		<u> </u>	10.			Department of Stat	e	
After May 1	1, 2008 Fee will be \$538.75	<u> </u>	10.		Florida	Department of Stat	Addition	
9. TITLE NAME S	MANAGING MEMBE MGR SHARPE, SAMUEL R	RS/MANAGERS	TITLE NAME		Florida	Department of Stat		
9. TITLE NAME STREET ADDRESS 1	MANAGING MEMBE MGR SHARPE, SAMUEL R 1313 WEST ZARRAGOSSA	RS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Department of Stat		
9. TITLE NAME STREET ADDRESS 1 CITY-ST-ZIP F	MANAGING MEMBE MGR SHARPE, SAMUEL R	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Florida	a Department of Stat (CHANGES Change	Addition	
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11. I nerepy certify that the information supplied with this filling goes 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 receive or trustee announced to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Samuel R. Share Mgr. Jan. 7, 2008 (850) 433-2179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylor Priorie #