

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L01000009910

1. Entity Name
ENCORE PROPERTY MANAGEMENT, LLC



Principal Place of Business
75 GATLIN AVE
SUITE A
ORLANDO, FL 32806

Mailing Address
75 GATLIN AVE
SUITE A
ORLANDO, FL 32806



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2327471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, NANCY
75 GATLIN AVE
SUITE A
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000795475
01/28/08-80048-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PVST
NAME	WARREN, NANCY
STREET ADDRESS	6725 BONNIE LOU DR.
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGRM
NAME	COONEY, DANIELLE
STREET ADDRESS	972 GLENVIEW CR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGRM
NAME	WATERS, SUSAN
STREET ADDRESS	6725 BONNIE LOU DR
CITY-ST-ZIP	ORLANDO, FL 32809
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/08 407-855-5529