


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 021 ***138.75

DOCUMENT # L01000012654 1. Entity Name MCGOUGH PROPERTIES, L.L.C.	
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Principal Place of Business 706 S. BAY BLVD. ANNA MARIA, FL 34216	Mailing Address P.O. BOX 1300 ANNA MARIA, FL 34216
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50003695



04012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3737627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCGOUGH, DAVID C 706 S. BAY BLVD. ANNA MARIA, FL 34216

**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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGOUGH, ANN CLIFFORD 1742 SHORE LAND DR SARASOTA, FL 34239 <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGOUGH, DAVID C 706 S. BAY BLVD. ANNA MARIA, FL 34216 <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <i>4/4/08</i>
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:

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

Date

Daytime Phone #

[Signature] Ann Clifford McGough 4.4.08

941-
321-5455