

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000014932



1. Entity Name

CARYST PROPERTIES, L.L.C.

Principal Place of Business

1504 THE OAKS DRIVE
MAITLAND FL 32751

Mailing Address

P.O. BOX 1007
MAITLAND FL 32794-1007



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3747529

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR BALABAN, ARTHUR P ☐ Delete
STREET ADDRESS 1504 THE OAKS DR
CITY-STATE-ZIP MAITLAND FL 32751

TITLE NAME MGR BALABAN, MARCIA ☐ Delete
STREET ADDRESS 1504 THE OAKS DR
CITY-STATE-ZIP MAITLAND FL 32751

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000594713
CITY-STATE-ZIP 01/23/07-80009-025 50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MGR 1/19/07