


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**


04-02-2007 90431 019 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L01000015052</b>                   |  |
| 1. Entity Name<br>PROPERTY ASSET MANAGEMENT, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>300 PRIMERA BLVD., #356<br>LAKE MARY, FL 32746 | Mailing Address<br>300 PRIMERA BLVD., #356<br>LAKE MARY, FL 32746 |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

60030932



02162007 Chg-LLC CR2E083 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3740572  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                       |  |
| BURNS, PATRICK M<br>1516 E. HILLCREST, SUITE 307<br>ORLANDO, FL 32803 |  |

|   |                      |
|---|----------------------|
| 7. Name and Address of New Registered Agent                                 |                      |
| Name<br>BURNS, PATRICK M  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>1918 HILLCREST STREET |                      |
| City<br>ORLANDO   | FL Zip Code<br>32803 |

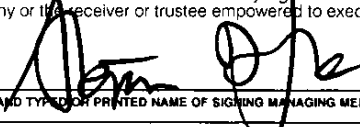
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 2/20/07

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>IRA, STEVEN D<br>300 PRIMERA BLVD #356<br>LAKE MARY, FL 32746 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>IRA, STEPHANIE<br>300 PRIMERA BLVD #356<br>LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60030932

#L01000015052

Property Asset Management

1064 Greenwood Blvd. Ste. 328, Lake Mary, Florida 32746

Phone: 407-995-3002 Fax: 407-708-5676

March 23, 2007

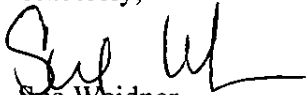
To Whom It May Concern:

Property Asset Management is moving. Our new address will be as follows:

1064 Greenwood Blvd. Suite 328  
Lake Mary, Florida 32746

The new address is effective Monday, March 26, 2007. Please change your records accordingly.

Sincerely,



Sue Weidner

Controller

Property Asset Management