

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90184 007 \*\*\*\*50.00

**DOCUMENT # L01000017245**

1. Entity Name  
**MASSAPEQUA PROPERTIES, LLC**



Principal Place of Business  
**10371 SW 74 CRT  
OCALA, FL 34476**

Mailing Address  
**POB 770303  
OCALA, FL 34477-0303**

00010644



2. Principal Place of Business - No P.O. Box #  
**7667 S.W. 136 TERRACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State  
**DUNNELLON FLORIDA**

City & State

4. FEI Number  
**59-3754754**

Applied For  
Not Applicable

Zip  
**34432**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROW, CHESTER J  
21 NORTH MAGNOLIA AVENUE, SECOND FLOOR  
OCALA, FL 34475**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MILES, DONALD**  
STREET ADDRESS **10371 SW 74 CRT**  
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MILES, DONALD**  
STREET ADDRESS **7667 S.W. 136 TERRACE**  
CITY-ST-ZIP **DUNNELLON, FLORIDA 34432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

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

**1/31/07**

Date

**352-465-4894**

Daytime Phone #