2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 20, 2007
Secretary of State

DOCUMENT# L01000018110

Entity Name: UMBRELLA PROPERTIES, L.L.C.

Current Principal Place of Business:

16520 S. TAMIAMI TRAIL
SUITE #18-316
FORT MYERS, FL 33908 US

New Principal Place of Business:

2121 MCGREGOR BLVD
SUITE 1
FORT MYERS, FL 33901 US

Current Mailing Address:

16520 S. TAMIAMI TRAIL
SUITE #18-316
FORT MYERS, FL 33908 US

New Mailing Address:

2121 MCGREGOR BLVD
SUITE 1
FORT MYERS, FL 33901 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL N., 4TH FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROBERTSON, SCOTT
Address: 16520 S. TAMIAMI TRAIL, #18-316
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Delete
Name: ROBERTSON, LESLEY
Address: 16520 S TAMIAMI TRAIL, #18-316
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROBERTSON, SCOTT
Address: 2121 MCGREGOR BLVD STE 1
City-St-Zip: FORT MYERS, FL 33901 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT ROBERTSON MGR 12/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date