


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90192 008 \*\*\*\*50.00

<b>DOCUMENT # L01000019595</b>	
1. Entity Name <b>VOLUNTEER PROPERTIES OF DANIA, LLC</b>	

Principal Place of Business <b>440 PHIPPEN WAITERS ROAD DANIA, FL 33004</b>	Mailing Address <b>8004 N W 154 ST STE 383 MIAMI, FL 33016-5814</b>
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4 West Dania Beach Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Dania, FL</b>	
Zip	Country	Zip <b>33004</b>	Country <b>USA</b>

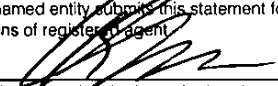
**60050843**



04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name <b>K C Cross</b> Street Address (P.O. Box Number is Not Acceptable) <b>4 West Dania Beach Blvd</b> City <b>Dania</b> <b>FL</b> Zip Code <b>33004</b>	
--	--	---	--

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.

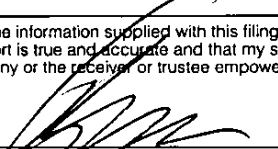
SIGNATURE  DATE **4/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CROSS, K C 8004 N W 154 ST STE 383 MIAMI, FL 330165814</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Cross, K.C. 4 West Dania Beach Blvd Dania, FL 33004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  **4/26/07 954 367-4563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #