


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90045 034 \*\*\*\*55.00

<b>DOCUMENT # L01000021204</b>	
1. Entity Name <b>MUIRLANDS PROPERTIES, LLC</b>	

Principal Place of Business <b>C/O DAVID G. BUDD 3033 RIVIERA DR., #201 NAPLES, FL 34103</b>	Mailing Address <b>C/O DAVID G. BUDD 3033 RIVIERA DR., #201 NAPLES, FL 34103</b>
---	---

40088767



2. Principal Place of Business - No P.O. Box # <b>5551 Ridgewood Drive</b>	3. Mailing Address <b>c/o David G. Budd</b>
Suite, Apt. #, etc. <b>Suite 501</b>	Suite, Apt. #, etc. <b>5551 Ridgewood Dr., #501</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34108</b>	Country <b>USA</b>

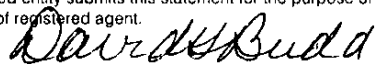
04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>04-3589302</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>BUDD, DAVID G 3033 RIVIERA DR., STE. 201 NAPLES, FL 34103</b>	


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>5551 Ridgewood Drive</b>	
Suite 501	
City <b>Naples</b>	FL Zip Code <b>34108</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 	David G. Budd, Registered Agent 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<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	MGR STARMAN, SHELDON W 4099 TAMiami TRAIL N STE 400 NAPLES, FL 34103 <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	MGRS BUDD, DAVID G 3033 RIVIERA DR STE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, JULIA M 9201 W OLYMPIC BLVD, STE 200 BEVERLY HILLS, CA 90212 <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	AS LAPIN, DAVID A 9201 W OLYMPIC BLVD, STE 200 BEVERLY HILLS, CA 90212 <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: 	4/27/07	(239) 514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		

DAVID G. BUDD, ASSISTANT OPERATING MANAGER