2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008009

1. Entity Name

FLORIDA PROPERTY SOLUTIONS, LLC



Principal Place of Business

18107 NW COUNTY RD 239 P.O. BOX 1119

ALACHUA, FL 32616

Mailing Address

P.O. BOX 1119 ALACHUA, FL 32616 FILED Apr 23, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3632044

Applied For Not Applicable

386.4182265

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KHURANA, MICHELE 18107 NW COUNTY RD 239 ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

SIGNATURE NO CHANGE			
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	OATE
Filing Fee Is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	KHURANA, MICHELE		
STREET ADDRESS	18107 NW COUNTY RD 239		U00000724692
CITY-ST-ZIP	ALACHUA, FL 32615		05/02/07-80122-005 50.00
TITLE	MGRM		
NAME	KHURANA, NAVEEN		
STREET ADDRESS	18107 NW COUNTY RD 239		
CITY-ST-ZIP	ALACHUA, FL 32615		
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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.			

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