#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000009646

Entity Name
 MIKE SKINNER PROPERTIES, LLC

Principal Place of Business

Mailing Address

221 CESSNA BLVD. PT ORANGE, FL 32128

US

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US

### FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007 90282 012 \*\*\*\*50.00

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01282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0540404 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SKINNER, ANGELA 221 CESSNA BLVD. PT ORANGE, FL 32128

## DO NOT WRITE IN THIS SPACE

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

<u>9</u> .	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	SKINNER, ANGELA	
STREET ADDRESS	1802 ROSCOE TURNER TRAIL 221 COMMA PAIVA	
CITY-ST-ZIP	PT ORANGE, FL 32128	
TITLE	MGRM	
NAME	SKINNER, MICHAEL	
STREET ADDRESS	SKINNER, MICHAEL  1802 ROSCOE TURNER TRAIL 221 CELLUATIVA	
CITY-ST-ZIP	PT ORANGE, FL 32128	
TITLE		
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CITY-ST-ZIP		
11 I hereby certify that the information cumplied with this filling does not qualify for the e		

# DO NOT WRITE IN THIS SPACE

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: Wille Summer

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

2-26-07

Date

Daytime Phone #