


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

09-11-2007 90038 001 \*\*\*100.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # L02000023456</b>  |   |    |   |
| 1. Entity Name<br><b>PRICE PROPERTIES, LLC</b>  |   |   |   |
| Principal Place of Business<br><b>395 RICHARD ROAD<br/>ROCKLEDGE FL 32955</b>   |   | Mailing Address<br><b>395 RICHARD ROAD<br/>ROCKLEDGE FL 32955</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>500 Barton Blvd</b>  |   | 3. Mailing Address<br><b>P.O. Box 5576</b>  |   |
| Suite, Apt. #, etc.<br><b>Suite 5</b>   |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>Rockledge Fla</b>  |   | City & State<br><b>Coweta Ga</b>  |   |
| Zip<br><b>32955</b>   | Country<br><b>FLA</b>   | Zip<br><b>32924</b>   | Country<br><b>US</b>  |
| 6. Name and Address of Current Registered Agent<br><br><b>PRICE, RICHARD A SR<br/>395 RICHARD ROAD<br/>ROCKLEDGE FL 32955</b>   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 5, 2007</b>  |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGR<br/>PRICE, RICHARD A SR.<br/>395 RICHARD ROAD<br/>ROCKLEDGE FL 32955</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

**SIGNATURE:**

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

*9/4/07*

Date

Daytime Phone: #