


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000023965			
1. Entity Name OVIEDO PROPERTIES, LLC			
Principal Place of Business 1713 KENNEDY POINT - SUITE 1001 OVIEDO FL 32765		Mailing Address PO BOX 622113 OVIEDO FL 32762-2113	
2. Principal Place of Business - No P.O. Box # 1713 Kennedy Point		3. Mailing Address PO Box 622113	
Suite, Apt. #, etc. Suite 1001		Suite, Apt. #, etc.	
City & State Oviedo, FL		City & State Oviedo FL	
Zip 32765	Country USA	Zip 32762-2113	Country USA
6. Name and Address of Current Registered Agent PORTER, NEIL R 460 VERACLIFF CT OVIEDO FL 32765		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTER, NEIL R 460 VERACLIFF CT OVIEDO FL 32765 <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	11000000612658 02/05/07-80008-010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E083 (10/06)

4. FEI Number **54-2079635** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/28/07 407-971-2997

Date

Daytime Phone #