


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**


05-01-2007 90323 023 \*\*\*\*50.00

<b>DOCUMENT # L02000026683</b>		
1. Entity Name <b>TRUE PROPERTIES, LLC</b>		

Principal Place of Business <b>C/O JAMES ORTHWEIN 50 LOCK ROAD DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>C/O JAMES ORTHWEIN 50 LOCK ROAD DEERFIELD BEACH, FL 33442</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**60046304**




04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>56-2298307</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	


<b>6. Name and Address of Current Registered Agent</b>	
<b>AUSTIN, SCOTT R 250 AUSTRALIAN AVE S SUITE 700 WEST PALM BEACH, FL 33401</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name <b>JAMES ORTHWEIN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>50 LOCK RD</b>	
City <b>DEERFIELD BEACH</b>	FL <b>33442</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 	DATE <b>4/30/07</b>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ORTHWEIN, JAMES 50 LOCK ROAD DEERFIELD BEACH, FL 33442 <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
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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: 	DATE <b>4/30/07</b>