


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90030 038 ****50.00

DOCUMENT # L02000027446	
1. Entity Name CLOVERLEAF PROPERTIES, L.L.C.	

Principal Place of Business 4881 NW 8TH AVE. SUITE 2 GAINESVILLE, FL 32605	Mailing Address P.O. BOX 357010 GAINESVILLE, FL 32635
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2. Principal Place of Business - No P.O. Box # 4343 W Newberry Rd	3. Mailing Address
Suite, Apt. #, etc. Suite 18	Suite, Apt. #, etc.
City & State Gainesville FL	City & State
Zip 32607	Country USA

01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-0649275	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KRUEGER, SCOTT DAVID 2750 NORTHWEST 43RD STREET STE. 201 GAINESVILLE, FL 32606	

7. Name and Address of New Registered Agent	
Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANNEN, JESSE C 4881 N.W. 8TH AVE. SUITE #2 GAINESVILLE, FL 32605 <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:

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

1/31/07 - 3522242209
Date Daytime Phone #