

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029122

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA PROPERTY CLAIMS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1335 SAXONY CIRCLE UNIT 313  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

3845 CANDIA AVE  
NORTH PORT, FL 34286 US

**Current Mailing Address:**

PO BOX 494349  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

**FEI Number:** 16-1638845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAWSON, ROBERT A  
1443 SEA FAN DRIVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

DAWSON, ROBERT A  
3845 CANDIA AVE  
NORTH PORT, FL 34286 US

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.

SIGNATURE: ROBERT DAWSON

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAWSON, ROBERT A  
Address: 1443 SEA FAN DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAWSON, ROBERT A  
Address: 3845 CANDIA AVE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT DAWSON

MGR

03/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date