
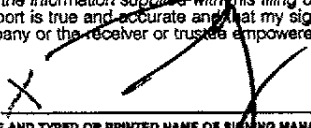


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

| | | |
|--|---|---|
| DOCUMENT # L02000030116 1. Entity Name CAJUN PROPERTIES, L.L.C. | |  |
| Principal Place of Business 750 N. INDIANA AVE. ENGLEWOOD, FL 34223 | | Mailing Address 2736 GULFGATE DR SARASOTA, FL 34231 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent VAYIAS, TOMMY 2736 GULFGATE DRIVE SARASOTA, FL 34231 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MENIHTAS, JOHN 4204 HEARTHSTONE DRIVE SARASOTA, FL 34238 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VAYIAS, TOMMY 2736 GULFGATE DRIVE SARASOTA, FL 34231 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Tommy VAYIAS 1/19/07 (941) 270-0328 <small>Date Daytime Phone #</small> | | |



01162007No Chg-LLC

CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 71-0912713 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

U000000608573
02/01/07-80015-015 50.00

**DO NOT WRITE
IN THIS SPACE**