ORIGINAL

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000030379

1. Entity Name
BADGER PROPERTIES, LLC



FILED Mar 08, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O SAVE-ON AUTO PARTS 239 SOUTH DIXIE HIGHWAY POMPANO BEACH, FL 33060 Mailing Address

C/O SAVE-ON AUTO PARTS 239 SOUTH DIXIE HIGHWAY POMPANO BEACH, FL 33060



02142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3665094

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOGERMAN, RICHARD M 150 SOUTH PINE ISLAND, SUITE 130 PLANTATION, FL 33324

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	a named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		MOTE Building	DATE
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DAIE
Filing Fee is \$50.00 Due by May 1, 2007			000000659720 03/16/07-80043-001 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	TURNER, ARTHUR	1	
STREET ADDRESS	2700 NORTHEAST 10TH STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE	MGRM		
NAME	SHAFF, MARTIN		

STREET ADDRESS 12312 N.W. 26TH STREET CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-ST- 7IP

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, OR AUTHORIZED REPRESENTATIVE

3/6/

954-941-0700

Daytime Phone #