


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000032011 1. Entity Name CIRCLE-T PROPERTY MANAGEMENT L.L.C.	
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Principal Place of Business 9601 SW CITRUS BOULEVARD INDIAN TOWN, FL 34956	Mailing Address PO BOX 801 INDIAN TOWN, FL 34956
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02052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0756278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROSEN, BORIS
150 SE 2ND AVENUE STE. 1200
MIAMI, FL 33131**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUP, WILLIAM J 9601 CITRUS BLVD INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUP, LANCE K 924 S ALAHAMBRA CIRCLE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/07-80064-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: William J Troup 2/6/07 772 260 4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #