



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 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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DO NOT WRITE IN THIS SPACE


02202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0756278	Applied For 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000837398
03/04/08-80055-022 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **2/20/08** **772 260 4430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #