


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90192 006 ****50.00

DOCUMENT # L02000032047	
1. Entity Name VOLUNTEER PROPERTIES OF DUNEDIN, LLC	

Principal Place of Business 1351 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698 US	Mailing Address 8004 NORTHWEST 154 STREET MIAMI LAKES, FL 33016-5814 US
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60050845



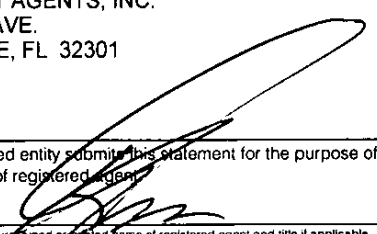
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4 West Dania Beach Blvd Suite, Apt. #, etc.
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04262007 Chg-LLC CR2E083 (12/06)

City & State Dania, FL	4. FEI Number 13-4229792	Applied For <input type="checkbox"/> Not Applicable
Zip 33004	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

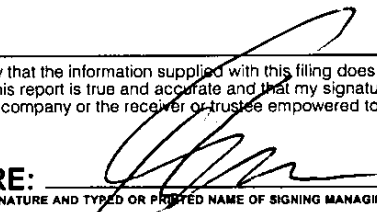
6. Name and Address of Current Registered Agent CORP.DIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name KC Cross Street Address (P.O. Box Number is Not Acceptable) 4 West Dania Beach Blvd City Dania FL Zip Code 33004	
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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 	DATE 4/26/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, K C 8004 NORTHWEST 154 STREET SUITE 383 MIAMI LAKES, FL 330165814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 West Dania Beach Blvd Dania, FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 4/26/07 Daytime Phone # 954 367-4563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	