


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 005 ***138.75

DOCUMENT # L02000032047					
1. Entity Name VOLUNTEER PROPERTIES OF DUNEDIN, LLC					
Principal Place of Business 1351 SAN CHRISTOPHER DRIVE DUNEDIN, FL 34698 US			Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4700 SHERIDAN STREET SUITE B HOLLYWOOD, FL Zip 33021 Country USA			
City & State HOLLYWOOD, FL		4. FEI Number 13-4229792		Applied For Not Applicable	
Zip 33021		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSS, KC 4 WEST DANIA BEACH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name CROSS, KC Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B HOLLYWOOD FL Zip Code 33021		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, KC 4 WEST DANIA BEACH BLVD DANIA, FL 33004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33021	<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 of assets empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____		4/30/08 954-367-4563			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			