

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000034224

1. Entity Name
TESCOR PROPERTIES, L.L.C.



Principal Place of Business
**8479 S. E. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952**

Mailing Address
**8479 S. E. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952**



04072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERESZTI, ZSOLT-G M.D.
4831 BETHEL CREEK DR.
VERO BEACH, FL 32963**

**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**

U00000700762
04/20/07-80031-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KERESZTI, ZSOLT G M.D
4831 BETHEL CREEK RD.
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: *Zsolt S. Kerestis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/6/07

Date

772-344-4644

Driver's Phone #