

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000494

**FILED**  
**Sep 04, 2007**  
**Secretary of State**

**Entity Name:** SYMBOLISM PROPERTIES, LLC

**Current Principal Place of Business:**

17602 68TH PLACE N  
MAPLE GROVE, MN 55311 US

**New Principal Place of Business:**

6682 ORCHID LANE NORTH  
MAPLE GROVE, MN 55311 US

**Current Mailing Address:**

P.O. BOX 41683  
PLYMOUTH, FL 55441

**New Mailing Address:**

**FEI Number:** 04-3731289      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LANCASTER, JOHN J  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIS, TARREL  
Address: 6682 ORCHID LANE NORTH  
City-St-Zip: MAPLE GROVE, MN 55311 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TARREL D. DAVIS

PRES

09/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date