2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000001305

1. Entity Name

NEVILLE PROPERTIES, L.L.C.



FILED Feb 22, 2007 08:00 A Secretary of State

Principal Place of Business

5895 US HWY 1 VERO BEACH, FL 32967 Mailing Address

PO BOX 7020

VERO BEACH, FL 32961



01292007 No Chg-LLC

CR2E083 (11/05)

| | | | | | |
|----|-------------------------------|-----------------|---------------------|--|--|
| 4. | FEI Number | | Applied For | | |
| | 81-0597565 | | Not Applicable | | |
| 5. | Certificate of Status Desired | \$5.0 Fee Re | Additional uired | | |

8. Name and Address of Current Registered Agent

FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963

the obligations of registered agent

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| , , | Signature, typed or printed name of registered egent and title 4 applicable | (NOTE: Registered Agent signature req | uited when teinstating) | , DATE | |
|--|--|---|--|--|--|
| FI D | ling Fee is \$50.00 ue by May 1, 2007 | • | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | ٠, | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BEUTTELL, RICHARD C JR 5895 US HWY 1 VERO BEACH, FL 32967 | | | <u> </u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MGR BEUTTELL, VICTORIA M 676 US HWY 1 VERO BEACH, FL 32962 | | .0 | 3/02/07-80053- | 009 50.0 <u>0</u> |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | OT WRITE | |
| NAME STREET ADDRESS CITY+ST-ZIP | | | IN II | HIS SPACE | = |
| I ITLE NAME STREET ADDRESS CITY-ST-ZIP | | | is . | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | est Les topologies |
| 11. I hereby indicated limited lia | certify that the information supplied with this filing does not on this report is true and accurate and that my signature ability company or the receiver or trustee empowered to expense. | t qualify for the exemptions conta shall have the same legal effect secute this report as required by | ained in Chapter 119, F as if made under oath; Chapter 608, Florida St | londa Statutes. I further de that I am a managing me tatutes | ertify that the information mber or manager of the |

RICHARD C. BEUTTE

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

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 Fiorida. I am familiar with, and accept