


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000008201 1. Entity Name EDGAR T. SCONSET PROPERTIES, LLC					
Principal Place of Business 424 S.W. 93RD STREET GAINESVILLE FL 32607			Mailing Address 424 S.W. 93RD STREET GAINESVILLE FL 32607		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="text-align: right;">13-7200877</div> <div style="text-align: right;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent BAGEN, STEVEN A 424 S.W. 93RD STREET GAINESVILLE FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR BAGEN, STEVEN 424 S.W. 93RD STREET GAINESVILLE FL 32607	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000771200 08/02/07-80002-008 \$5.00 </div>			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>STEVEN BAGEN</u> 7/28/07 352-3166161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					