

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010697

FILED
Jun 19, 2009
Secretary of State

Entity Name: FORECLOSURE PROPERTIES LLC

Current Principal Place of Business:

7512 PEMBROKE ROAD
MIRAMAR, FL 33023

New Principal Place of Business:

1002 N.W. 3 AVE.
HALLANDALE, FL 33009

Current Mailing Address:

7642 SHALIMAR STREET
MIRAMAR, FL 33023

New Mailing Address:

1002 N.W. 3 AVE.
HALLANDALE, FL 33009

FEI Number: 42-1584045 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:

MARTINEZ, JOSE
1000 NW 3RD AVE
#2
HALLANDALE, FL 33009 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: MGR () Delete
Name: MARIA-ARIAS, BRUNO M
Address: 7642 SHALIMAR STREET
City-St-Zip: MIRAMAR, FL 33023

Title: MGR (X) Delete
Name: MARTINEZ, JOSE
Address: 7512 PEMBROKE ROAD
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GISELA, MARTINEZ M
Address: 7041 S.W. 10ST.
City-St-Zip: PEMBROKE PINES, FL 33023

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: JOSE MARTINSZ

MGR

06/19/2009

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