


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90047 042 \*\*\*138.75

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<b>DOCUMENT # L03000014591</b> 1. Entity Name <b>MCINTYRE PROPERTIES, LLC</b>			
Principal Place of Business <b>1004 COLLIER CENTER WAY SUITE #102 NAPLES, FL 34110</b>		Mailing Address <b>1004 COLLIER CENTER WAY SUITE #102 NAPLES, FL 34110</b>	
2. Principal Place of Business - No P.O. Box # <b>23150 Fashion Dr</b>		3. Mailing Address <b>231</b>	
Suite, Apt. #, etc. <b>231</b>		Suite, Apt. #, etc. <b>231</b>	
City & State <b>Estero</b>		City & State <b>Estero</b>	
Zip <b>33928</b>		Zip <b>33928</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>01-0783316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCINTYRE, CYNTHIA R 3739 WOODLAKE DRIVE BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b>	NAME <b>MCINTYRE, CYNTHIA R</b>	TITLE 	NAME 
STREET ADDRESS <b>3739 WOODLAKE DRIVE</b>	CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>	STREET ADDRESS 	CITY-ST-ZIP 
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME 
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
<b>SIGNATURE:</b> <u>Cynthia R. McIntyre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
Date		Daytime Phone #	